

DEBIT ORDER FORM

1. I, the undersigned, herewith authorise Mapungubwe Institute for Strategic Reflection (MISTRA) to arrange with my bank / building society and Multi-Data for the amounts to be drawn against my account in accordance with the debit order system.
 2. SURNAME: TITLE:
FIRST NAME:
 3. ADDRESS:
.....CODE:
 4. AMOUNT: FREQUENCY: DEDUCTION DATE:
 5. NAME OF BANK:
BRANCH:
6-FIGURE BANK CODE:

--	--	--	--	--	--	--	--

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT: (please tick)
- CHEQUE SAVINGS TRANSMISSION
6. LANGUAGE: ENGLISH AFRIKAANS
 7. TELEPHONE NUMBER: (W)..... (H).....
 8. CELLULAR:
 9. EMAIL:
 10. I acknowledge that the party hereby authorised to effect the drawing(s) against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.
 11. SIGNATURE: DATE:

(This arrangement will remain valid until it is recalled in writing by either of the parties.)

Please email debit order forms to: lorrainep@mistra.org.za

