



**JNF Walter Sisulu
Environmental Centre**

JNF Walter Sisulu Environmental Centre
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City of Tshwane
South Africa
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DEBIT ORDER AUTHORISATION FORM

I, Prof/Dr/Mr/Mrs/Miss _____ (Full Names) ID No _____

Residential Address: _____

Postal Address: _____

Cell No _____ Home No _____ Work No _____

Hereby instruct and authorise **JNF Walter Sisulu Environmental Centre (WSEC)** to debit my bank account monthly on the 1st/25th/30th (delete **NOT** applicable), for the amount of R _____
All such withdrawals from my bank account shall be treated as though I had signed them personally.
I understand that the withdrawal hereby authorised will be electronically generated.
I also understand that details of each withdrawal will be printed on my bank statement.
I agree to pay any charges relating to this debit order instruction.
I may cancel this authorisation/instruction by notifying JNF WSEC, giving thirty days' notice in writing,
I understand that I shall not be entitled to any refund of amounts which were withdrawn or processed whilst this authorisation was in force.

BANK DETAILS

Account Holder _____ (Full Names)

Name of Bank: _____

Branch Name _____ Branch Code _____

Account Number: _____

Signed at _____ on this _____ day of _____ (Month) _____ (Year)

Signature

Date

**Thank you for your contribution.
PLEASE RETURN THIS COMPLETED SIGNED FORM TO christa@wsec.org.za**