

# DEBIT ORDER INSTRUCTION

To: Whom it may Concern

## MY AGREEMENT FOR REGULAR FINANCIAL SUPPORT

I, the undersigned, request and authorize **Harvest Aid** or their agent, acting on their behalf, or any other body acting on their behalf to debit from my Bank/Building Society monthly the amount mentioned below in concordance with the debit order system until such time that I cancel this authority in writing.

## MY PERSONAL DETAILS ARE AS FOLLOWS

Name  Title (Dr; Prof: Mr; Mrs; Miss; Ms)

First Names

Postal Address

Code

Tel (Work) (  ) (Home) (  ) Email

## MY BANKING DETAILS ARE AS FOLLOWS

Type of Account Cheque  Transmission  Savings

Name of Bank/Building Society  Branch

Name of Account Holder

Account Number

6 Digit Bank Code

THE AMOUNT OF R \_\_\_\_\_ (In words \_\_\_\_\_ )

Must be deducted on the second day of every month from \_\_\_\_ / \_\_\_\_ / 20\_\_ until such time as I cancel this authority in writing.

Please increase my debit annually by the following percentage  0%  10%  12.5%  15%

This donation must be used for: Farm  Where most needed

- I understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB/BDB Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on my Bank statement or on an accompanying voucher. I agree to pay any Bank charges relating to this debit order instruction.
- This authority may be canceled by me by giving the debit order holder 30 (thirty) days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which have been withdrawn while this authority was in force.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_  
(Authorized Signature)

*Please attach/fax a canceled cheque for Bank identification purposes.  
If the Donor is a Company, an authorized official must sign across the Company stamp*