



ST HELENA SANDVELD HOSPICE

Reg No 2004/002110/08
039-453-NPO

P O Box 308
Vredenburg, 7380
Tel: (022) 7133738
Fax: (022) 7191285
sthelenahospice@telkom sa.net

Debit Order

Your account details

Full Name:

Which Bank is your account with:

Account Number

Branch Name & Code

Payment details

Commencing date

Do you wish payment to continue until you say no

Yes

No

Expiry date

Amount of payment

R

The person/organisation which will receive payment (Beneficiary Details)

Name of account

St Helena Sandveld Hospice

Reference (Your identification)

Account Number (payment will be made into this account)

Transmission Account Number 186295073

Which Bank

Standard Bank

Branch Name & Code

Vredenburg - 050511

Signature

I agree that:

if there is not enough money in my account, the payment will not be made and I may have to pay a fee I cannot claim against the bank if payment is not made on the correct day for any reason.

Date: