

ABUNDANT LIFE Mission Group PO Box 347, Dundee, 3000 Tel: 034 218 2055 Fax: 0862745585 <u>abladmin@abundant.co.za</u> Abundantlife. FNB Cheque 62395345484 Branch 270224	 abundantlife	Debit Order FACILITATED by: Tele Internet (Pty) Ltd Company Reg: 2001/027664/07 P.O. Box 3931, Vanderbijlpark, 1900 TEL: (016) 931 1706 FAX: (086) 654 7765
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My SPONSORSHIP Pledge

Please mark with a big X next to the value that you pledge:	Monthly Pledge	X
I pledge the following monthly amount	R 100.00	
I pledge the following monthly amount	R 150.00	
I pledge the following monthly amount	R 200.00	
I pledge the following monthly amount	R 250.00	
I pledge the following monthly amount	R 300.00	
I pledge the following monthly amount – (Please write pledge amount in allocated space)		
I pledge the following YEARLY AMOUNT (please write in the amount – amount will be deducted yearly)		

SPONSOR DETAILS

Contact Information	Name		Surname		ID No	
Email Address				Person / Project		
Postal Address						
Physical Address						

Business Telephone No	After Hours Phone Number	Fax Number	Cell Phone Number

DEBIT ORDER details – MONTHLY or YEARLY pledge

Bank	Branch	Branch Code	Account Number	TYPE of Account (cheque, savings, transmission etc..)

I/We, the undersigned hereby instruct and authorise your agent Tele Internet (Pty) Ltd (**TELE INT**) who will be handling the Debit Order facility **on behalf of Abundant Life** to debit my Bank Account for the initial amount as chosen above as well as for future debits on a monthly or yearly basis on the 1st working day of each month. I/we also understand that details of each withdrawal processed by BANKSERV will be printed on my/our Bank Statement and DISPLAYED as **TELE INT ABANDUNT LIFE** with the amount I chose above on my Bank Statement.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally. I/we agree to pay any banking charges relating to this debit order instruction.

Herewith I also agree to give **ONE MONTH's written notice (email, fax or post) in ADVANCE for CANCELLATION of my Debit Order instruction!**

Name in Print	Designation (if applicable)	Date	Signature

OFFICE USE ONLY	DO No:
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