



Email: [treasurer@pediatriccareafrika.org](mailto:treasurer@pediatriccareafrika.org) / Office: +27 (0) 762295553

Website: [www.pediatriccareafrika.org](http://www.pediatriccareafrika.org)

### Bank Debit Order consent form Personal details of Donor

Your personal details will not be sold or transferred to any 3rd party; they are used solely for bank detail verification and authentication

Surname							
First Names							
ID Number							
Physical Address							
Town/Country						Code	
Contact Details		Cell:			Email		
<b>Banking Details of owner</b>							
Name of Account Holder							
Bank Name							
Branch Name							
Branch Code							
Account No.							
Type of Account		Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>
<b>Collection Instruction Please tick the applicable</b>							
Once-off Deduction		<input type="checkbox"/>	Date of Deduction:		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>
Amount to be Deducted:							
Recurring Deduction		<input type="checkbox"/>	Date of First Deduction:		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>
Amount to be Deducted Monthly:							
Thereafter on Monthly date:		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	

I/We hereby request and authorize Pediatric care Africa to draw against my/our account with the abovementioned bank. All such withdrawals from my/our account by you shall be treated as though they have been signed by me/us personally.

By signing below, I hereby agree to the above terms, and that the details provided are correct and I have authorization to transact against the above mentioned bank account.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:

Kindly e mail this form to [treasurer@pediatriccareafrika.org](mailto:treasurer@pediatriccareafrika.org)

Alternatively please deposit your contribution to the following account:

Account name: Pediatric care Africa | Account no: 131953044

Bank: Standard Bank | Branch: Nelspruit service center

Branch code: 052852

Account type: Standard Bank society scheme savings

Swift code: SBZAJJ Republic of South Africa

Pediatric Care Africa / Not for profit organisation Reg. No. 214-711 NPO