

Electronic debit order mandate for a monthly donation to Abba

Email address

Confirm email address

First name & surname

Cell number

Postal address

BANK DETAILS

TYPE: CHEQUE: TRANSMISSION: SAVINGS: CREDIT CARD:

Name of account holder

ID number of account holder

Bank

Branch name

Branch code

<input type="text"/>	<input type="text"/>
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Account number

I want to donate an amount of

Starting date

Day of the month to be deducted

I hereby request that the above-mentioned amount be deducted from my account at above bank/branch (or any other bank/branch whereto the account may be moved). All such deductions from my account shall be treated as if signed by me personally. I understand that the deductions hereby authorized, will be executed by a computerized system and that every deduction's details will be printed on my bank statement. Any bank fees payable will be for my own account. This authorization can be cancelled by giving 30 days' notice in writing. I understand that I will not be entitled to any refund of payment from the Abba, while this debit order instruction is in force.

SIGNATURE

DATE