

bible-a-month debit order form

Amount R	
Amount in words	
I understand that the amount will be debited against my account the first business day of each month and that I will give wish to cancel it.	·
Please debit my account:	
Current / cheque Transmission Savings	Credit card
Name of account holder:	Card type: ☐ Visa☐ MasterCard number:
Tel:	
Date of birth:	Control number: (last three digits on back of card)
Bank:	Expiry date:
Account no:	
Branch code:	
Signature of account holder:	
Date:	