



bible society of south africa

Debit order form

Amount R

Amount in words

I understand that the amount will be debited against my account, as indicated below, on the first business day of each month and that I will give one month's notice if I wish to cancel it.

Please debit my account:

Current / cheque Transmission Savings

Credit card

Name of account holder:

Card type: Visa

Postal address:

Master

..... Code:

Card number:

Tel:

.....

ID number:

Control number:

(last three digits on back of card)

Denomination:

.....

Congregation:

Expiry date:

Bank:

.....

Branch:

Account no:

Branch code:

Signature of account holder:

Date:

PLEASE COMPLETE THIS FORM AND E-MAIL IT TO biblia@biblesociety.co.za