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 Reg. No. 2003/021591/08 042/492/NPO

'Symphony for life' patron/friend

DEBIT ORDER INSTRUCTION

*** All donations to the FSSO are tax-deductible

NAME of donor _____ DATE: _____
 ADDRESS _____

I wish to support the FSSO as a (mark as applicable):

Distinguished Patron (R2000 or more per month)

Patron (R1000 to R1999 per month)

Friend (less than R1000 per month)

I hereby authorize you to draw against my account with my bank (or any other bank to which I may transfer my account) the specified monthly / quarterly / annual (delete as applicable) amount in respect of my donation to the FSSO Company as agreed. All such withdrawals from my bank account shall be treated as though they have been signed by me personally.

The details of my bank account are as follows:

NAME OF ACCOUNT HOLDER: _____

BANK: _____ BRANCH NAME: _____

ACCOUNT NUMBER									

BRANCH NUMBER									

TYPE OF ACCOUNT		
CHEQUE	SAVINGS	TRANSMISSION

STARTING AMOUNT									
R									

I understand that the amount will be increased by 7% each January,
or by (insert alternative percentage):

Day of month when the withdrawal should take place (e.g. 3rd):

I understand that the withdrawals hereby authorized will be processed by computer through a system known as the Bankserv/ACB Service, operated by ABSA bank. I also understand that details of each withdrawal will be printed on my bank statement.

This authorisation may be cancelled by me by giving the FSSO Company thirty days' notice in writing, sent by registered post. I understand that I shall not be entitled to any refund or recall of amounts that have been withdrawn and transferred to the FSSO while this authorisation was in force. This is a *bona fide* donation that does not entitle me to any reciprocal direct or indirect benefit from the utilization of the donation by the FSSO.

Receipt of this instruction by you shall be regarded as receipt thereof by my bank.

I certify that my bank account information supplied above is correct and that I am authorised to sign on this account. (* If possible, please attach a cancelled cheque for bank identification purposes.)

Signed at _____ on this _____ day of _____ 20____

SIGNATURE

Cellphone number: _____

Email address: _____

Please email the signed form to: fouriefc@ufs.ac.za or to: KotzeEJ@ufs.ac.za
Or fax it to: 051 436-6086