



DEBIT ORDER INSTRUCTION

Thank you so much for supporting of this ministry.
We pray the Lord's blessing over every area of your life.

DETAILS OF DONOR

Name and surname	
ID Number	
email Address	
Postal Address	
Telephone Number	
Cellphone Number	

DETAILS OF DONATION

AMOUNT	
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BANKING DETAILS

Debit Order from Bank Account			
Name & Surname of Account Holder		Bank	
Account Number		Account Type	
Branch Name		Branch Code	

OR Debit Order from Debit/Credit Card	
Name & Surname as on Card	
Card Number	
Expiry date (mm/yyyy)	

ALIVE TO GOD is hereby authorized to draw against the above-mentioned bank (or any bank, building society or branch to which the account may be transferred) the amount as indicated above. ALIVE TO GOD acknowledges that they may not cede or assign any of its rights to any third party without my/our written consent. Payment shall be made on the FIRST day of each month or the closest business day there to. The donor agrees to carry any fees charged by their bank for this debit order instruction. The donor may cancel this authority between himself/herself and ALIVE TO GOD at any time as this is a voluntary donation.

SIGNED: _____

DATE: _____

Please fax this form to +27866 474 000 or email to Andrew@AliveToGod.com
for more information please call: +2712 997 5712