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DARUL IHSAN ISLAMIC SERVICES CENTRE

دار الإحسان

۵۳ شارع جاييس , سي كاو ليك
دربن , ۴۰۵۱
ص.ب: ۷۶۴۷۴ مايل ري
دربن , ۴۰۳۵
جنوب أفريقيا
هاتف: ۰۳۱ ۵۷۷۷۸۶۸ (+۲۷)
فاكس: ۰۳۱ ۵۷۷۶۰۱۲ (+۲۷)
جوال: ۰۸۳ ۷۸۶۰۷۸۸ (+۲۷)
البريد الإلكتروني: disc@darulihسان.com

PBO No. 930028504

disc@darulihسان.com

DEBIT ORDER DONATION FORM

Donors Personal Details

Full Name: _____ Tel: _____
Address: _____ Cell: _____
_____ Fax: _____
_____ Email: _____

WE HAVE TWO METHODS FOR DEBIT ORDER DONATIONS - PLEASE FILL ONE OF THE TWO OPTIONS

Option 1: Banking Details

Acc. Name: _____ Acc. No.: _____
Bank: _____ Branch: _____ Branch Code: _____

OR

Option 2: Credit Card Details

Card Holder's Name: _____ Card No.: _____
Exp. Date: _____ Card Type: _____ CVV No.: _____

Donation Details

Lillah: R _____: _____ Zakaat: R _____: _____ Feeding: R _____: _____

TOTAL: R _____: _____

Please debit my/our account with the amount of R.....,00

(in words) _____ on the
03/mm/20yy (date) and thereafter on the same day of each month until cancelled
by me/us in writing for payment to : **Darul Ihsan Islamic Services Centre**

I/We hereby request, 'instruct' and authorise you to draw against my/our account with the abovementioned bank stipulated amount. I/We understand that all such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. I/We understand that the withdrawals hereby authorised will be processed by computer and I/we acknowledge that this authority and mandate has been ceded to Netcash (Pty) Ltd as per your request with Netcash (Pty) Ltd. I/We also understand that details of each withdrawal will be printed on my bank statement or on accompanying voucher. This authority may be cancelled by me/us by giving you thirty days notice in writing. I/We shall not be entitled to any amounts, which you have withdrawn in term of the above transaction while authority was in force.

Signature/s as per bank specimen

_____/_____/20_____
Date

Please complete and post/fax to our offices