

To: Bunnady Landman  
Annual Fund Coordinator

Fax: 046-6038744

Date: .....

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## **Debit Order**

I wish to donate by debit order the amount of R ..... per month from .....  
2010 and each month thereafter until cancelled by me.

Title: ..... Name: ..... Surname: .....

Bank Name: .....

Type of Account: ..... (Current/Savings/Transmission)

Branch Code: .....

Account No.: .....

E-mail address: .....

Address: .....

Cell No.: ..... Tel. H: ( ..... ) .....

W: ( ..... ) ..... Identity No.: .....

Signature: ..... Date: .....

*I/We acknowledge that Rhodes University hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of this rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. Thank you for your co-operation.*