GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Debit order: Beautiful Noise

Steve Biko Academic Hospital Board-Robert Kerr Trust Health Programme

Surname: _____ Title_____ Initials_____

Address: _____

_____

Tel/Cell: _____

Email: _____

☐ I paid into your account/enclosed a cheque for R_____

☐ I wish to sponsor by debit order the amount of R_____

Monthly ☐ Quarterly ☐ Half yearly ☐ Annually ☐

Day ……. As of ……..…….. (Month) Year ……

Bank: _____ Branch_____

Account #: _____ Branch code _____

Name of account holder: _____Type of account: _____

☐ Please debit my Master Card/Visa/Amex/Diners Card with R_____

Once ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Annually ☐

Day ……. As of …… (month) Year……..

Credit card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry date ☐☐☐☐ Last 3 digits on back of card ☐☐☐

I hereby authorize you to debit the above account with the amount stated until the order is cancelled by me in writing. Receipt of this instruction by you shall be regarded as receipt thereof by our bank.

Signed at _____ on this _____ day of _____

_____
Signature

Bank details:
Steve Biko Academic Hospital Board Project Fund
ABSA Ben Swart Street
Account Number: 4074979623
Branch: 63-20-05
Reference: Initials & surname / Company

Please return this form to:
Steve Biko Academic Hospital
P/Bag X169, Pretoria, 0001
Cell: 083 554 9282
Tel: 012 - 354 1117
Email: Fundraiser.sbah@gauteng.gov.za