

Debit order: Make A 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: 632005
Reference: Initials and surname

Please return this form to:
Office of CEO: Steve Biko Academic Hospital
P/Bag X169, Pretoria, 0001
Fax: 012 – 354 2031
Tel: 012 – 354 2037
Email: nicolene.steynberg@gauteng.gov.za