

DEBIT ORDER

I/We hereby authorise The Abrahamic Foundation to draw against my/our account monthly, until cancelled by me/us in writing, the amount stated below.

Amount in words:

Commencing on the 1st day of 20 and each month thereafter

Bank:

Account Number:

Branch:

Branch Code:

Signature:

Date:

BANKING DETAILS

Account Name: The Abrahamic Foundation

Bank: FNB

Branch: Menlyn

*Account Number: **62726209845***

*Swift Code: **FIRNZAJJ***