



# FULFILMENT CAPTURED



## DEBIT ORDER INSTRUCTIONS

**Rabboni Television**

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO RABBONI TELEVISION

P.O Box 911/3445 Tel: +27 (0)12 703 9629/2926  
 Rosslyn Fax: +27 (0)12 703 3716  
 0200 E-mail: info@rabbonicentreministries.org.za  
 Pretoria www.rabbonicentreministries.org.za  
 South Africa

**Standard Bank**

Acc Name: Rabboni TV  
 Acc No: 221499717  
 Swift Address: SBZAJJ  
 Branch No: 001255

Indicate where applicable (Use X to select):

**A. Authority given by:**

First Name(s):   
 Surname:  ID No:

Postal or Physical Address:

New Partnership:   
 Amount increase:   
 Updating of details:

Business Name:

Telephone Number:  E-mail:

Account Holder's Name:

Account Holder's ID Number:

Bank:  Account Number:  Branch:  Branch Code:

Account Type (tick applicable type): Savings:  Cheque / Current:  Transmission:

Name of beneficiary: **Rabboni Centre Ministries**

Abbreviated Short Name as registered with the Acquiring Bank: **Rabboni TV**

REFER TO OUR CONTRACT REFERENCE NUMBER \_\_\_\_\_ (FOR OFFICE USE ONLY)  
 ("the Contract Reference Number")

Amount to be withdrawn: R 150  R 250  or other amount

I/We hereby authorise **Rabboni Centre Ministries** (Service Provider Name) to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

I/we agree that the first payment instruction will be issued and delivered on \_\_\_\_\_ (date) and thereafter regularly on the \_\_\_\_\_ of each month.





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If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the **following business day**; or subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

### B. MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

### C. CANCELLATION

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

### D. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

**NOTE : The EFT User may add or delete (at its own risk) from the above minimum requirements**

Signed ..... on this ..... day of .....  
SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

.....  
ASSISTED BY

.....  
CAPACITY