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Affiliated to World ORT and ORT SA

**BANK DEBIT ORDER INSTRUCTION OR CREDIT CARD AUTHORITY
 FOR A CONTINUOUS MONTHLY DONATION TO ORT CAPE**

I, _____, (Full name) would like to give ORT SA CAPE the authority to issue and deliver payment instructions to the bank for collection of a monthly donation against my account from _____ (starting date in full).

(Please fill in column 1 for a debit order donation or column 2 for a credit card monthly donation)

Column 1.	Column 2.
BANK : _____	CARDHOLDERS NAME : _____
BRANCH TOWN : _____	CARD NUMBER : _____
BRANCH NO. : _____	EXPIRY DATE : _____
ACCOUNT NAME : _____	CVV NUMBER : _____
ACCOUNT NO. : _____	(three digit number on back of card)
TYPE OF A/C : _____ (savings,current,transmission)	CARD TYPE : _____ (mastercard, visa)

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Donation. A payment reference is added to this form before the issuing of any payment instruction.

MANDATE

I acknowledge that all payment instructions issued by you for a donation shall be treated by my bank as if the instructions had been issued by me personally.

Signed at _____ on this _____ day of _____ 20__

Signature: _____

Full name: _____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

THANK YOU FOR YOUR GENEROUS SUPPORT – FROM THE BOARD AND STAFF OF ORT SA CAPE