

ARTS FESTIVAL  
OF SOUTHERN  
AFRICA

**DEBIT ORDER INSTRUCTION IN FAVOUR OF  
ARTS FESTIVAL OF SOUTHERN AFRICA**

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**NB: CELL NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_**

NAME OF BANKING INSTITUTION: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

BRANCH NAME: \_\_\_\_\_

ACCOUNT NAME																				
ACCOUNT NUMBER																				
BRANCH CODE																				
TYPE OF ACCOUNT																				

I instruct and authorize ARTS FESTIVAL OF SOUTHERN AFRICA to draw from the above

account the sum of R \_\_\_\_\_ on the (27<sup>TH</sup> OR 28<sup>TH</sup> OR 29<sup>TH</sup> OR 30<sup>TH</sup> OR 31<sup>ST</sup> 01<sup>ST</sup> OR 2<sup>ND</sup> OR 3<sup>RD</sup>)

day of each month	
ON A	
MONTHLY basis	
QUARTERLY basis	
ONCE OFF	

All withdrawals will be treated as though they have been signed by me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To cancel or change the above debit order, please notify TREASURER before the 15<sup>th</sup> of the month.

Contact details: ARTS FESTIVAL OF SOUTHERN AFRICA  
Cell 078 817 0297  
Email: tony@panelcontroller.co.za