



RivLife
Community Centre
 Reach • Resource • Reform
Section 21 Company: Reg. No.: 2005/001016/08 - (NPO. 039/951)

25 Canary Rd, Cinderella Park
 P.O. Box 795, Luxmi, 3207
 Pietermaritzburg
 KwaZulu-Natal, South Africa
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 📠 (+27) 033-397 1438
 admin@rivlife.com

DEBIT ORDER FORM - PERSONAL

I _____

(Full Name and Surname), hereby authorize, Rivlife International to debit my bank account on a monthly basis as follows:

Amount to be Debited (Please tick against your choice)

R150	<input type="checkbox"/>
R200	<input type="checkbox"/>
R250	<input type="checkbox"/>
Other - please specify R.....	<input type="checkbox"/>

Date account to be debited monthly _____ (please ensure that you have sufficient funds available on this date to prevent the bank from posing a penalty)

My Banking Details are:

Name of account Holder: _____
 Name of Bank _____ Account Number _____
 Branch Number _____ Type of ACC _____

My Contact Details are:

Address _____ Email _____
 _____ Tel (H) _____
 _____ Tel (W) _____
 _____ Mobile _____

Rivlife Community Centre Banking Details for AD HOC contributions

Account Holder: Rivlife International Branch Code: 6322005
 Bank: ABSA - Chatterton Account Number: 406 167 9210
 Swift Code: ABSA ZAJJ

Auditors

Pregasan Naidoo & Associates (PNA) Tel - 033 342 5302
 Email - pna1@ion.co.za

Date _____ Signature _____

Please note: You must complete this form in full prior to submission. You may submit this form via email to admin@rivlife.org.za or deliver it personally. Please be advised that submission of this form is formal acknowledgement of your commitment to a monthly debit order from the date you have indicated. Please provide Rivlife with 30 days-notice prior to cancellation of debit order should you wish to terminate your contribution.