

**AUTHORITY FOR NEW/AMENDED MONTHLY DONATION TO UMNGENI**



002-351 NPO

**FROM:** *(Bank Account holder's name and address)*

Surname: ..... First names: .....

ID No:..... E-mail: .....

Spouse's name: ..... ID No: .....

Res. Address: .....

Postal Addr: ..... Code:.....

Phone (H) ..... Cell 1: ..... Cell 2: .....

**AMOUNT: (Please see options below)**

I hereby pledge to donate the amount of R..... *(in words)* .....

on the 1<sup>st</sup> / 15<sup>th</sup> *(circle your selection)* day of ..... 20..... and on the same day of each month thereafter. *(month)*

**KINDLY DEBIT MY FOLLOWING BANK ACCOUNT:**

Account Name: .....<sup>a</sup>/<sub>c</sub> No: .....

Bank: .....Branch: .....Code: .....  
*(6 digits)*

**Type of Account:** Current (cheque) / Savings / Transmission *(Please delete those not applicable)*

I hereby request, instruct and authorise **THREE PEAKS**, facilitating agent for uMngeni SPCA, to draw against my account with the above mentioned bank (or any other bank or branch to which I may transfer my account) the amount necessary for the monthly payment pledged above on the specific day of each and every month as indicated above. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

I further agree to an annual increase not exceeding 10% to assist the SPCA in keeping up with inflation.

I agree to pay any **penalty bank charges** relating to this debit order instruction.

This authority may be cancelled by me by giving two months' notice, in writing, which may be sent by pre-paid registered post. I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force provided such amounts were legally due to you.

.....  
Signature for debit authority: *(As for signing)* (Date)

**CREDIT TO:**

Account Name: uMngeni SPCA  
Cheque Account No: 52530043175  
First National Bank, Howick, Branch No: 220725

**NB:** Proof of Bank Account will be required.

For office use only:

Reference for Donor:      S P C A H O W I C K

Reference for SPCA:      

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**N.B.**

Please tick ✓ one or maximum two projects to benefit from your Debit Order donation:-

Kitty-Cat Shareholding (min R50/mth) .....  (KIT)

.....  
*(Name of your chosen Kitty-Cat)*

Club 100 Piggy-Bank (min R100/mth).. .....  (100)

Outreach for under privileged animal owners  (OUT)

Operations, Rescues, Clinic, Kennels .....  (OPS)

Donation to use where needed.....  (DON)

**A special word from uMngeni SPCA:**  
*"Thank you very much indeed for your kind and generous support."*