



**CEF**  
CHILD EVANGELISM  
FELLOWSHIP®  
*Reaching children worldwide\**

Child Evangelism Fellowship South Africa  
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cefrsa.coordinator@gmail.com

## Agreement and Debit Order Authorisation

### OFFICE USE ONLY

Donor Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

I WANT TO SPONSOR THE CEF MINISTRY OF SOUTH AFRICA 2 1

WITH A MONTHLY AMOUNT OF:

R5000  R2500  R1500  R1000  R500  OTHER \_\_\_\_\_

Amount in Figures

\_\_\_\_\_

Amount in words:

\_\_\_\_\_

MY ACCOUNT MUST BE DEBITTED WITH THIS AMOUNT ON:

Date of debit: YY/MM/DD eg 15/05/31 \_\_\_\_\_

MY BANKING DETAIL IS AS FOLLOWS:

Name of Bank \_\_\_\_\_  
Name of Branch \_\_\_\_\_

Branch Code \_\_\_\_\_ PLEASE COMPLETE CCV NUMBER EXPIRE DATE  
IF A CREDITCARD \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account:

Current  (1) Savings  (2) Transmission  (3) Credit card etc  ←

Account Name \_\_\_\_\_

ID number \_\_\_\_\_

MY ADDRESS IS AS FOLLOWS:

Titel \_\_\_\_\_

Name and Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Postal Code \_\_\_\_\_

Email address: \_\_\_\_\_

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

I, the undersigned, authorise Child Evangelism Fellowship to arrange with my bank to withdraw this amount, in accordance with my arrangement with Child Evangelism Fellowship. All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement.

I may cancel this authorisation by notifying CEF, giving thirty days notice in writing, per registered post.

\_\_\_\_\_  
Signature of Authorised Person

\_\_\_\_\_  
Date

AFTER COMPLETING AND SIGNING THIS FORM, PLEASE EMAIL TO [cefrsa.coordinator@gmail.com](mailto:cefrsa.coordinator@gmail.com)

