



**CEF**  
CHILD EVANGELISM  
FELLOWSHIP®  
Since 1937 Reaching children worldwide™

Child Evangelism Fellowship South Africa  
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## 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 IF A CREDITCARD CCV NUMBER    EXPIRE DATE

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

**PLEASE MAIL THIS DEBIT ORDER TO louis@cefsa.co.za, AFTER YOU'VE COMPLETED AND SIGNED THE FORM.**

