Supporter: 'Symphony for life'

DEBIT ORDER INSTRUCTION 2026

****** All donations to the FSSO are tax deductible***

NAME of donor	
ADDRESS	
DATE	

I wish to support the FSSO as (indicate your selected category with an X):

Distinguished Patron		R 3 280 – R 7 500 per month	
Patron		R 1 640 – R 3 279 per month	
Friend	*Platinum*	R 820 – R 1 639 per month	
	Gold	R 530 – R 819 per month	
	Silver	R 360 – R 529 per month	
	Bronze	R 180 – R 359 per month	

I hereby authorise the FSSO to debit my bank account (or any other bank to which I may transfer my account) monthly with the amount indicated below as my donation to the FSSO Company. All such withdrawals from my bank account will be treated as if signed by me personally. The particulars of my bank account are as follows:

NAME OF ACCOUNT HOLDER:			
BANK:		BRANCH:	

ACCOUNT NUMBER:										

BRANCH CODE:										

TYPE OF ACCOUNT (indicate with X)		
CURRENT/CHEQUE	SAVINGS	TRANSMISSION

STARTING AMOUNT:									
R									

I understand that the amount will be increased each January with 7% or rather with (indicate alternative percentage if you wish): _____

Preferred day of the month for the withdrawal (e.g. 3rd): _____

I understand that the withdrawals hereby authorised will be effected by a computer using the Bankserv Magnetic Tape Service, as managed by ABSA bank – and that the details of each withdrawal will appear on my bank statement.

I may cancel this authorisation via thirty day written notice. I understand that I will not be entitled to any repayment of amounts transferred to the FSSO while this authorisation is in effect. This is a *bona fide* donation which does not entitle me to any direct or indirect benefit resultilng from the utilisation of this donation by the FSSO.

Your receipt of this instruction is regarded as receipt by my bank.

I declare that the particulars of my bank account above are correct and that I am authorised to sign this instruction.

Signed at _____ on this _____ day of _____ 20____.

_____
SIGNATURE

Cell phone number: _____ Email address: _____

Please email the signed form to: fourieFC@ufs.ac.za or vanrooyenPCF@ufs.ac.za