



# bible society of south africa

## Debit order form

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Amount R .....

Amount in words .....

*I understand that the amount will be debited against my account, as indicated below, on the first business day of each month and that I will give one month's notice if I wish to cancel it.*

Please debit my account:

Current / cheque  Transmission  Savings

Credit card

Name of account holder: .....

Card type:  Visa

Postal address: .....

Master

..... Code: .....

Card number:

Tel: .....

.....

ID number: .....

Control number:

(last three digits on back of card)

Bank: .....

.....

Branch: .....

Expiry date:

Account no: .....

.....

Branch code: .....

Signature of account holder: .....

Date: .....

PLEASE COMPLETE THIS FORM AND SEND IT TO:

**E-mail:** [biblia@biblesociety.co.za](mailto:biblia@biblesociety.co.za) or **Fax:** 021 910 8774