



ACDP

AFRICAN CHRISTIAN DEMOCRATIC PARTY

CITY OF TSHWANE METROPOLITAN REGION

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givengain

DEBIT ORDER AUTHORISATION FORM

SURNAME: _____ FIRST NAME: _____
POSTAL ADDRESS: _____
CITY/TOWN: _____ CODE: _____
PROVINCE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
CELL: _____ E-MAIL: _____

MY MONTHLY DONATION:

AMOUNT (minimum of R 20.00) Deduct on - (Day of every month)
Date of first payment: Date of last payment:
Please increase my donation annually by or

DEBIT ORDER (OPTION 1)

Account type: Savings Current Transmission
Name of Bank: _____ Account number: _____
Name of card or account holder: _____
Branch name: _____ Branch code: _____

CARD DONATION (OPTION 2)

Card type: VISA MasterCard American Express
Name of card holder: _____
Card number: _____ Last 3 security numbers on back of the card: _____
Expiry date: (month): _____ Year: _____

PLEASE USE MY DONATION FOR:

- General Administration
- Election Administration
- Election Fund for a specific ward: Ward number _____

I, the undersigned, hereby authorise GivenGain (Pty) Ltd, on behalf of the ACDP, to arrange with my bank/building society for the amounts to be drawn against my account in accordance with my above instructions.

Singed at _____ on this _____ day of _____ 20 _____

Authorised Signature: _____

Please complete in full and fax to
086 653 0350 and 011 507 5482
CAUSE ID: 132