

# MADRASSA AN-NOOR FOR THE BLIND

A Specialist Islamic Institute for the Visually Impaired

NPO No: 067-749  
PBO No: 930022978



## DEBIT ORDER FORM

### Personal Details

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Fax: \_\_\_\_\_

Cel: \_\_\_\_\_ Email: \_\_\_\_\_

### Bank Account Details

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

Account No: \_\_\_\_\_ Account Type: \_\_\_\_\_

Code: \_\_\_\_\_ Branch: \_\_\_\_\_ Bank: \_\_\_\_\_

Please debit my/our account with the amount of R \_\_\_\_\_ as Lillah.

(in words) \_\_\_\_\_

on the dd/mm/20yy (date) and thereafter on the 15th day of each month until cancelled by me/us in writing to: Madressa Noor for the Blind

I/We hereby request, 'instruct' and authorise Madressa Noor for the Blind to draw against my/our account with the abovementioned bank stipulated amount. I/We understand that all such withdrawals from my bank/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorise will be processed by computer through a system known as the ACB Magnet Tape Service and I/We also understand that details of each withdrawal will be printed on my bank statement or on accompanying voucher. This authority may be cancelled by me/us by giving you thirty days notice in writing. I/We shall not be entitled to any amounts, which you have withdrawn in terms of the above transaction while authority was in force.

Authorised Signature: \_\_\_\_\_ Place: \_\_\_\_\_ Date: dd/mm/20yy

Please complete and fax to 033 343 3302 or 086 212 4900 or email to [accounts@mnblind.org](mailto:accounts@mnblind.org)

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