



DEBIT ORDER FORM



I want to be a **REGULAR DONOR**

YOUR CONTACT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Monthly Gift	R <input type="text"/>	OR One-Time Gift	R <input type="text"/>

GIVING METHOD


Give by Monthly Debit Order

Bank	<input type="text"/>	Type of Acc:	<input type="text"/>
Account No:	<input type="text"/>	Branch Code:	<input type="text"/>
<p>I hereby authorize FEBA Radio SA to draw against my account monthly, until cancelled by me, the amount of R _____ commencing on _____ (month of first debit order)</p>			

Give by Debit or Credit Card

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debit	Visa	Mastercard
Cardholder's Name:	<input type="text"/>	
Card No:	<input type="text"/>	
Exp. Date:	<input type="text"/>	CVC/CVV (3-digit code) <input type="text"/>

Make a deposit or electronic transfer to any of the following accounts:

<p>Standard Bank Acc no: 20 10 84 775 Branch Code: 014 845</p> <p>ABSA Acc no: 40 55 31 35 41 Branch Code: 632 005</p>	<p>FNB Acc no: 627 131 68799 Branch code: 250 655</p> <p>payfast Click on logo for Payfast payments</p>	<p>SnapScan</p> <p>Snap here to pay</p> 
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Completed debit order forms to be emailed to accounts@febaradio.co.za – the easiest way to donate regularly.

www.febaradio.co.za/donate