

PO Box 650
KUILSRIVIER
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DEBIT ORDER INSTRUCTION

I, _____ hereby
authorise Jan Kriel Institute to debit R _____ per month
against my bank account as a donation towards the education of Jan Kriel
children. Payments must take place on the first day of every month,
commencing on 01/ _____ /20 _____

Bank: _____

Branch: _____

Branch code: _____

Account nr: _____

Account type: _____

Address: _____

Reference nr: _____ (Current donors)

Signature: _____ Date: _____