



## DEBIT ORDER

Donate monthly via debit order		
Donate once off via debit order		
Name(title, name, surname)		
Company Name (if Company)		
Telephone	Landline	
Address	Physical	
	Postal	
Business contact	Name	
	Email	

I/We hereby request, "instruct" and authorize Three Peaks on behalf of **Horizon Farm Trust** to draw against my/our account with the above mentioned bank the amount necessary for the monthly payment due in respect of the above mentioned agreement on the specific day indicated.

I/We agree to pay any penalty bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving thirty days' notice in writing.

Monthly Debit date	
5	15

In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Date Of First Withdrawal		Bank	
Account Name		Branch Name	
Type Of Account		Branch Code	
Account number		Donation Amount	
Signature		Date	