

# FBN PARTNERSHIP DEBIT ORDER FORM

Reaching The Nations  
Through Quality  
Christian Television



Name & Surname ..... Telephone: .....

Address: .....

Account Holder's Name .....

Email: .....

Bank Name: ..... Branch: .....

Account Type: Savings  Cheque/Current  Transmission

Account Number ..... Bank/Branch Code: .....

Please complete this form  
and mail / fax it to us  
or use BRS Envelope

**FAITH BROADCASTING NETWORK**

**PRIVATE BAG X9027  
EAST LONDON | 5200  
SOUTH AFRICA**

**Tel: +27 (0)43 711 4833**

**National: 0861 777 707**

**Fax: +27 (0)43 711 4915**

**email: partner@myfaithtv.com**

I hereby authorise FAITH BROADCASTING NETWORK to draw against my account with the above mentioned bank (or any other bank to which I may transfer my account) the sum of:

R..... [In words .....]

On the 1st  15th  or last  day of each month. These withdrawals will continue on a monthly basis commencing on ..... and ending on ..... or until cancelled.

All such withdrawals from my account shall be treated as though they had been signed by me personally. I agree to pay a penalty of R30.00 should this debit order not be honoured on the agreed date and any other bank charges relating to this debit order instruction.

This authority may be cancelled by me by giving FAITH BROADCASTING NETWORK 30 days notice in writing, but I understand that I will not be entitled to any refund of amounts withdrawn while this authority was in force. Receipt of this instruction by you shall be regarded as receipt thereof by my bank.

DATE: .....

SIGNATURE (of account holder) .....