



DEBIT ORDER

Please print this form, complete and fax it to:
Voice of Prophecy Bible School at 021 683 5940
or post it to:
The Chief Accountant
Voice of Prophecy Bible School
P O Box 88
Cape Town
8000

VOICE OF PROPHECY BIBLE SCHOOL DEBIT ORDER FORM

Amount R

Amount in words

I understand that the amount will be debited against my account, as indicated below, on the first business day of each month and that I will give one month's written notice if I wish to cancel it.

Please debit my: Current / Cheque Account
 Transmission Account
 Savings Account

Name of Account Holder:

Postal Address:

..... Code:

Tel: (H) (W)

Bank:

Branch:

Account number:

Branch code:

Signature of Account Holder:

Date:

PLEASE REMEMBER TO SIGN THIS FORM BEFORE YOU FAX IT