

Debit Order Form

RESCUE 786 AMBULANCE SERVICE

HOTLINE: 083 9000 786

P.O. Box 2580, Lenasia 1820 / 35 Cuckoo Avenue, Ext 1 Lenasia 1820
 Telephone: 27 11 854-7022 / Fax: 27 11 854-7024 / E-mail: rescue786ambulance@radioislam.co.za

I the undersigned request Rescue 786 to arrange with my Bank / Building Society for the amounts to be drawn against my account (where it may be) in accordance with the debit order system.

Surname: _____

First Name: _____

Physical Address: _____ Town: _____ Code: _____

Postal address: _____

Name of Account from which amounts are to be collected :

Personal Account :

Company Account:

Surname: _____

First Name: _____

First Name: _____

Bank: _____

Branch: _____

Branch Code: _____

Amount: _____

A/C No: _____

Type of Account: Cheque Saving Transmission Signature of payer: _____

First payment to be affected on (date): _____ Thereafter on monthly date: _____

Tel: (Office) _____ Home) _____ Cell: _____

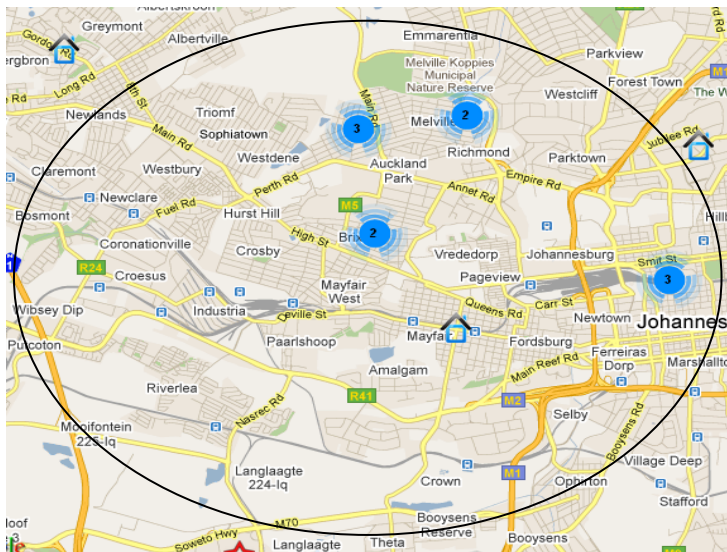
FAX THIS FORM TO: 011 854 7024 or email your details to :
stationmanager@radioislam.co.za / rescue786ambulance@radioislam.co.za

Alternatively deposit your contributions to the following account:

Acc Name: Rescue 786 Ambulance Services

First National Bank

AC No : 62307346264, Branch Code: 250 737



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