

**Authority for a contribution by Debit Order to  
The South African Federation for Mental Health**

*Please complete form and fax to 011 326-0625 or post to Private Bag X 3053, Randburg 2125*

I/We wish to contribute by debit order an amount of R ..... to *The South African Federation for Mental Health* on the first day of ..... 20 ..... and each month thereafter, until cancelled by me/until the end of .....20 ..... (*delete inapplicable*)

I/We would like to increase this debit order by 10% each year.  Yes  No

Type of Account  Current  Savings  Transmission  Cheque

Bank Name .....

Branch Code .....

Branch Name & Town .....

Account No. ....

Name of Account Holder .....

Address .....

.....Post Code.....

Email .....

Tel H (.....) ..... B (.....) .....cell .....

Date ..... Signature .....

*I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. Thank you for your co-operation.*