

Debit Order Instruction

Please fill in the form below and email your proof of payment to info@flyingforlife.co.za or fax it to 011 659 2885.

I hereby authorise FLYING FOR LIFE to draw the amount stated below against my account monthly until cancelled by me in writing.

Amount in words:

Commencing on the 1st/15th/25th day of _____ (month) _____ (year) and each month thereafter

Title:

Full Name:

Contact Number:

Email Address:

Bank:

Branch:

Branch Code:

Account Number:

Signature:

Date:

Would you like to receive our stories and stay up to date with our work (Circle)?

Yes | No

Please note our banking details are as follows:

Flying for Life
Standard Bank Fourways crossing
Branch Code: 009 953
Account number: 0233 81922
Swift Code: SBZAZAJJ