

Retah McPherson



McPherson House CC

Tel: +27 (0) 82 610 5757
www.retahmcpherson.com
Email: office@retahmcpherson.com

PO Box 632
Stellenbosch
7599

Personal Detail:

Name & Surname:.....
Cell Phone number:.....
Tel:
Email:.....

Postal address:.....
.....
City:.....
Postal Code:.....

Option 1 : Debit Order Account Details

Debit my: **Cheque** **Savings** **Transmission**
with the following amount monthly:
R250 R300 R400 R500 R1000
Bank:
Account no:
Branch Name:
Branch code:

Option 2: Deposit monthly into our Bank Account:

Phone us to confirm, before you will receive your monthly CD.
My Deposit of: **R**.....
Banking detail: **McPherson House**
ABSA - Acc. Number : 406 912 1647
Branch code : 632 005
Please use name, surname & cell number as reference.
Email deposit slip to office@retahmcpherson.com

Receive your monthly downloadable MP3 teaching via email: Afrikaans or English

Please confirm Email address:.....

Option 2 : Cash Contribution - RETAH

Thank you for your contribution of:
R.....
Banking detail: **Retah McPherson**
ABSA : Pretoria North
Acc. Number: 101 294 2555 Branch code : 632 005
Please use name, surname & cell number as reference.
Email deposit slip to office@retahmcpherson.com

Option 2 : Cash Contribution -ALDO

Thank you for your contribution of:
R.....
Banking detail: **Aldo McPherson**
ABSA : Pretoria North
Acc. Number : 910 199 2010 Branch code : 632 005
Please use name, surname & cell number as reference.
Email deposit slip to office@retahmcpherson.com

I, the undersigned authorize you to debit the abovementioned account at the named bank/financial institution (or any other branch where I might transfer my account to) in the amount of R..... (Amount in words) on the **4th day** of each month, from/...../20..... All such withdrawals from my account by you will be handled as if it was signed by me in person.

Please specify another date if the 4th is not to your approval :

I agree that the bank fees for the transaction will be for my account. This mandate can only be cancelled by me in writing with 30 days' notice to: **P.O. Box 632, Stellenbosch, 7599**. This agreement by you will be acknowledged as receipt thereof by my bank (as the matter may be). This authorization is given with the understanding that I cannot sue the abovementioned bank/financial institution for payments not paid (for whatever reason it may be) on the abovementioned date. Signed at _____ on this _____ day of

_____ 20____ Signature as used for signing of cheques: