

PO Box 650  
KUILS RIVER  
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**DEBIT ORDER INSTRUCTION:**

I, \_\_\_\_\_ hereby  
authorize Jan Kriel Institute to debit R\_\_\_\_\_ against my  
bank account as a donation towards the education of Jan Kriel children.

Please indicate

Monthly  Quarterly

On the 1st day of the month

On the 15th day of the month

Payment from: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Bank: \_\_\_\_\_

Branch and branch code: \_\_\_\_\_

Account number: \_\_\_\_\_

Account type: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Donor number: \_\_\_\_\_ (current donors)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date