

# AL-IMDAAD FOUNDATION



AL-IMDAAD FOUNDATION

*Striving to serve Humanity*

*Help us respond to any disaster within 24 hours. Kindly assist us by contributing on a monthly basis by faxing this document to (036) 3524114 and posting the original of this document to:*

**The Finance Department  
Al-Imdaad Foundation  
P.O. Box 481, Estcourt,  
Kwazulu Natal, 3310, South Africa**

**PERSONAL DETAILS**

Name		Surname	
Address			Postcode
Tel no.		Bank Name	
Cell		Branch Name	
Fax		Branch Code	
Email		Account Type	
ID no.		Account no.	

<input type="checkbox"/> Zakaat	R
<input type="checkbox"/> Lillah	R
<input type="checkbox"/> Sadaqah	R
<input type="checkbox"/> Admin. Costs	R
<input type="checkbox"/> Other	R
<b>Total Debit Amount</b>	R

Please debit my / our account with the amount of R \_\_\_\_\_,00  
(amount in words) \_\_\_\_\_

on the **DD / MM / YYYY** (date) and thereafter on the 15<sup>th</sup> day of each month until cancelled by me in writing for payment to: AL-IMDAAD FOUNDATION

I / We hereby request, "instruct" and authorise you to draw against my / our account with the above mentioned bank stipulated amount. I / We understand that all such withdrawals from my / our bank account by you shall be treated as though they had been signed by me / us personally. We understand that the withdrawals hereby authorise will be processed by computer through a system known as the ACB Magnet Tape Service and I / we also understand that details of each withdrawal will be printed on my bank statement or on accompanying voucher. This authority may be cancelled by me / us by giving you thirty days notice in writing. I / We shall not be entitled to any amounts, which you have withdrawn in term of the above transaction while authority was in force.

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*Signature's as per bank specimen*

Day    Month    Year

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