



Serving in Mission

By Prayer

**DEBIT ORDER FORM for SUPPORT of a MISSIONARY**

**PERSONAL DETAILS**

Title: Dr. / Rev. /Prof./Mr./Mrs./Miss: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Debit Order Bank details**

Account holder: \_\_\_\_\_

Bank: \_\_\_\_\_ Account No: \_\_\_\_\_ Br Code: \_\_\_\_\_

Acc. Type: Cheque [ ] Savings [ ] Transmission [ ] (tick applicable)

I, \_\_\_\_\_ hereby authorize SIM Southern Africa

to draw (In writing) \_\_\_\_\_

R \_\_\_\_\_ c, per month against the above account, in support of:

Missionary name: **Michael & Renée Watson**

Missionary number: **55045** until instructed by me *in writing* to cancel or increase.

I request my Bank to debit my account the above amount, commencing on the first banking day of:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

SIGNED:

At: \_\_\_\_\_

DATE: / /

Please return this form duly signed to SIM P O Box 30027 Tokai 7966 or Fax/Email to [za.finance@sim.org](mailto:za.finance@sim.org)