



DEBIT ORDER AUTHORISATION FORM

Please debit my bank account monthly on the 01st 16th 26th with an

Amount of R _____

In favour of the KZN Blind and Deaf Society Account being held at:

BANK : **First National Bank**
BRANCH : **Musgrave**
BRANCH CODE : **221126**
ACCOUNT NUMBER : **62334401693**

Name: _____

Address: _____

Date of Birth: _____

Email Address: _____

Cell No: _____

Home No: _____

BANKING DETAILS:

Account Holder: _____

Bank: _____

Branch Code: _____

Branch: _____

Account Number: _____

Signature: _____ Date: _____

For more information, please contact the KZN Blind and Deaf Society

Tel: 031 309 4991

Email: fundraising@bdskn.org.za

THE SOCIETY IS
THE FOUNDER OF:

- V.N. Naik School for the Deaf, Inanda Durban
- Arthur Blaxall School, Pietermaritzburg
- Durban School for the Hearing Impaired, Amanzimtoti
- Pietermaritzburg Rehabilitation Centre

- Southern Light Association of the Blind & Deaf, Durban
- KZNBDS Academy of Learning, Durban & Pietermaritzburg
- Victor Daitz Optometric & Audiology Centre
- Work Centre for the Blind and Deaf