



RHODES UNIVERSITY
Where leaders learn

PLEDGE FORM

You Can Make a Difference



I wish to donate (please tick):

ONCE OFF

 Per month

 I have donated online

My details are below

<https://www.ru.ac.za/donate>

Payment by Debit Order

A. AUTHORITY

Given by (Name of Account Holder)	
Bank Name	
Account Number	
Branch Code	
Contact Number	
Tax Number	
Email	
Address	
Type of Account (please tick)	<input type="checkbox"/> Current / Cheque <input type="checkbox"/> Savings / Transmission
AMOUNT	
Date	
To (Name of Beneficiary)	
Beneficiary's Address	

Agreement Reference Number (Student/Donor number)

Abbreviated Name as Registered with the Bank

This signed Authority and Mandate refers to our contract dated _____ (“the Agreement”).

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: Monthly
In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

B. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. CANCELLATION

I/We agree that this Authority and Mandate may be cancelled by me/us, by giving you notice in writing of not less than 20 working days.

D. ASSIGNMENT

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

Signature as used for operating on the account

Witness



RHODES UNIVERSITY
Where leaders learn

Donation by Direct Deposit / EFT

I have deposited my donation of
directly into your Rhodes University bank account

BANK	First National Bank
Account No.	6214 550 8894
Branch	Grahamstown
Branch Code	210717
Swift Code	FIRNZAJJ

NB: Direct Deposits: Please include your initials and surname or student number as the reference number on your Deposit Slip, so we may thank you.

Electronic Transfers: Please also use your initials and surname or student number as a reference and email details of your donation to development@ru.ac.za

THANK YOU



RHODES UNIVERSITY
Where leaders learn