Africa's Broadcasting Christian Community Service.

**TELEVISION BROADCASTING PARTNERSHIP FORM**
**(** *for* ***Reference****, please - Type In The* ***Name of*** *Your* ***Ministry*** *or* ***Pastor*****)**

**Title**

| | | | | |
|---|---|---|---|---|
| | | | | |

**Initials**

| | | | |
|---|---|---|---|
| | | | |

**Name**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

**Surname**

| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

**Bank Account No.**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

**Bank Name**

| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

I (**Name**)_____(**Surname**)_____
Hereby authorize Gospel Channel TV/Entertainment Level Pty Ltd to debit my account as stated below on the _____**day** of the month the **Amount** of _____

Direct Debit Order

NB: 1. Please note that in terms of your authorization, the amount as indicated by yourself below, will be deducted monthly, on the payment due date, from the account specified in respect of the amounts due on your credit card account.

Debit Order Authorization

1. I hereby authorize Gospel Channel TV/ Entertainment Level Pty Ltd to debit the account as listed above, for the purposes of paying amounts owing by myself on my Credit Card account and/or Petro Card account on a monthly basis.
2. I confirm that the account information as provided above, is an account in my name and as such I have the right to give FirstRand Bank Limited the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by FirstRand Bank Limited to the account as listed above should this account have insufficient funds, be incorrect or held in the name of any other person.

Signature : _____(Debit Order Account Holder/ Credit Card Holder)

Date : _____ Witness Name _____