ITSHETSENG
SAVINGS & CREDIT COOPERATIVE SOCIETY
Tshwaragano ke Maatla
5301478 FAX: 5301579 | P O BOX 10228 LOBATSE | PELENG EAST PLOT 4691 | itshetseng@btcmail.co.bw | Itshetseng SACCOS

# DIRECT DEBIT APPLICATION FORM

Dear Sir/Madam

Please Debit my/our current account with the following amount together with all relative charges for payment of ……..

The sum of P…….

Amount in words:

……

……..

The first payment to be effected on the (Date) ……and expire on the (date)…….

The Account to be debited is:

| **FIRST NATION BANK USERS** | | **OTHER BANKS USERS (Debit Card Details)** | |
|---|---|---|---|
| Branch Name | | Bank Name | |
| Account No | | Card Number**(14 Digits)** | |
| | | Expiry Date | |

Yours Faithfully

Names(in full):……..

ID::……

Book No:……

Employer:……..

Signature:……..