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**BANK DEBIT / STOP ORDER INSTRUCTION**

<b>SAVINGS PRODUCTS</b>		<b>AMOUNT</b>
Ordinary Savings	<input type="checkbox"/>	P _____
Save As You Earn	<input type="checkbox"/>	P _____
Christmas Savings	<input type="checkbox"/>	P _____
Matshebetshebe Savings	<input type="checkbox"/>	P _____
GFS	<input type="checkbox"/>	P _____
<b>Total</b>		<b>P</b> _____

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**1. MEMBER DETAILS**

Initials: Mr  Ms  Mrs  Dr  Miss  others: \_\_\_\_\_

Membership No: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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**2. BANK DETAILS**

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_

**NB: transactional cost of P 6.96 will be charged to members in case of insufficient funds.**

I \_\_\_\_\_ hereby request and authorize Motswedi SACCOS to deduct against my account with the above-mentioned bank the sum of P \_\_\_\_\_. This being the amount necessary for the monthly subscription as per our agreement dated \_\_\_\_\_. Please debit my account on the \_\_\_\_\_ (Date) of every month.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED  
BOX 81027 GABORONE  
TELEPHONE: 390 8227  
FAX NO: 319 1534  
REGISTRATION NO: 143



TSHWANEANO

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### 3. OFFICIAL USE ONLY

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHECKED BY:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### 4. APPROVED BY

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1<sup>st</sup> Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_