



**The Chief Executive Officer**

HIV Trust Fund of Nigeria  
Julius Berger Premises  
15 Ijora Causeway  
Ijora, Lagos.

Dear Sir,

**Direct Debit Mandate**

Kindly take this as an authority to debit my account (stated below) for donation to support the activities of HIV Trust Fund of Nigeria in ending the mother-to-child transmission of HIV.

**The details of my account are as follows:**

Account Name.....  
Account Number.....  
Bank Name.....  
Amount.....

**Frequency of payments**

Monthly ☐      Quarterly ☐      Biannually ☐      Annually ☐

Date of payment.....  
(Date of payment refers to the date you want your account to be debited periodically)

This mandate shall remain in force until such a time when I give a counter instruction.

Thank you.

.....  
**Authorized Signatory/Date**

Client's Name:

Alternate Debit Date.....

(Alternate debit date refers to the possible date payment can be deducted other than the periodic date)

.....  
**Authorized Signatory/Date**

Client's Name: