

SUNDOWNER RESIDENTS ASSOCIATION

Monthly Debit Order Instruction

The details of my/our bank account are as follows:

NAME & SURNAME: _____

POSTAL ADDRESS: _____

CODE: _____

PHYSICAL ADDRESS: _____

SPOUSES NAME & CONTACT
DETAILS Cell: _____

Tel: _____

Email _____

CONTACT NUMBERS: Cell: _____

Tel: _____ Fax: _____

Email _____

ACCOUNT HOLDER: _____

BANK: _____

BRANCH: _____ BRANCH CODE: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Current / Saving / Transmission / _____

I/We hereby authorize Sundowner Residents' Association to draw against my/our account as detailed above the sum of: R__

(In words) _____

on the _____ day of every month commencing on _____ 20__

I/We understand that the withdrawals hereby authorized will be processed by ACB Magnetic Tape Service and understand that the details of each withdrawal will be shown on my/our bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by giving 30 days' notice in writing and understand that I/we shall not be entitled to any refund of amounts while this authority is in place if such amounts were legally owing by me/us.

I/we acknowledge that the party authorized to effect the drawing/s against my/our account may not cede or assign any of its rights to any third party without prior written consent and I/we may not delegate any of my/our obligations in terms of this authority to any third party without prior consent.

Signed at _____ on this the _____ day of _____ 20__

AUTHORISED SIGNATURE/S: _____

A cancelled cheque to be attached (Current account only). The user may add to the above minimum requirements.