

WOODMEAD KHYBER ROCK RESIDENTS ASSOCIATION NPC

Registration Number 21 1996/009316/08

RESIDENT FORM

Full Names			
Address			
Contact	Home		
	Mobile		
	eMail		
Spouse / Partner			
Contact	Mobile		
	eMail		

DEBIT ORDER AUTHORITY

Account Name				
Bank				
Branch				
Branch Code		Account Type	C	T
Account Number				
Monthly Amount	R			
Initiation Date				

I/We hereby instruct and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account), the amount specified above, being the amount necessary for payment of my/our contribution to the residents association, on the 1st day of each and every month, commencing on the date specified above, and continuing until cancelled by me in writing. All such withdrawals from my / our bank account by you shall be treated as though they had been signed by me/us personally.

This amount will increase annually after notice is provided to the account holder, three months prior to the increase.

This authority may be cancelled by me/us by giving you thirty days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

SIGNATURE:

Signed at _____ on this _____ day of _____ 20 _____

Name _____

Signature _____