



# DEBIT ORDER INSTRUCTION

## Kenridge Neighbourhood Initiative

24 Bulawayo Avenue, Kenridge Heights, Durbanville  
Tel. 021 975 9229 Fax. 021 976 8139

*Complete in block letters please!!*

Full Name													
ID Number													
Erf Number													(if known)
Home Tel													
Cell Number													
E-mail													
Street address													
Acc Name													
Bank Name													
Branch Name													
Branch Code													
Acc. Number													
Account Type													
Frequency		monthly		quarterly		annually							
Services		patrols		monitoring		wireless internet							

I hereby request, "instruct" and authorize you to draw against my account with the above mentioned bank the sum of R \_\_\_\_\_ (\_\_\_\_\_), the amount necessary for payment of the monthly instalment due to you in respect of this agreement on the \_\_\_\_\_ day of each and every month commencing on \_\_\_\_\_.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I understand that the withdrawals hereby authorized will be processed through Multi-Data, and I also understand that the details of each withdrawal will be printed on my bank statement. I agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled after eleven months (subject to the provisions of the CONSTITUTION as published on [www.kenridge.co.za](http://www.kenridge.co.za)) by me by giving you thirty days notice in writing, sent by prepaid registered post to 24 Bulawayo Avenue, Kenridge Heights, Durbanville. I understand that I will not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my bank.

**ASSIGNMENT:**

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

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF ACCOUNT HOLDER

For Office Use Only																				
Collection Number																				
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*Let's Make Our Neighbourhood Safe Again!*