



Rustenburg Rate Payers Association

Rustenburg Belasting Betalers Vereeniging

This is for a voluntary donation each month if you wish to donate extra funds to the association.

www.rbbv.co.za / www.rrpa.co.za
registrasie@rbbv.co.za / registration@rrpa.co.za

DEBIT ORDER INSTRUCTION

Gebruik blok letters asseblief / Please write clearly in block letters

From : Name :
Physical Address :
Postal Address :

To : Rustenburg Rate Payers Association

Handig in te / Hand in at:
Sanlam, Rustenburg
Faks Nr. / Fax No.: 014-592 8646
Pos na / Pos to: P.O. Box 158, Rustenburg, 0300

Dear Sir

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

Name of Bank Account Holder :

Branch Name : Town :

Branch Code [ ] [ ] [ ] [ ] [ ] [ ] Bank Name :

Account Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] :

Type Of Account : [ ] Current(Cheque) / [ ] Savings / [ ] Transmission (Tick or circle the correct account type)

I / we hereby request, "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 monthly fee of R..... The monthly fee will be deducted on the 1st day of each month and continuing (as the case may be) for a long as I / we are a member of the Rustenburg Rate Payers Association. All such withdrawals from my / our bank account by you shall be treated as through they had been signed by me / us personally.
I / we understand and agree that should my bank not honor the payment request on date of such a request or if a legitimate payment request should be reversed for whatever reason, all costs incurred by you shall be added to the next payment request and that I / we shall be liable for all such costs.
I / we understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service or any other system deemed by you to be effective to use, and I / we also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I / we agree to pay any bank charges relating to this debit order. This authority may be cancelled by me / us by giving you 60 (sixty) days (2 calendar months) notice in writing, sent by prepaid registered post, but I / we understand that I / we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

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 / our obligations in terms of this contract / authority to any third party without prior written consent of the authorized party.

SIGNED ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 2011

Signature as used for signing cheques Owner/Director/Partner/Other :
(Delete where not applicable)

Assisted by (Where legally necessary) Capacity

Note:
a Cancelled cheque should be attached for bank identification purposes. (Current Accounts Only).
The user may add to the above requirements.