

Debit Order Authorisation Form:

Surname: _____

PLEASE PRINT & SIGN DOCUMENT

First Name: _____

Physical Address: _____



Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

E Mail Address: _____

I, the undersigned, hereby authorise the Randridge Residents Association to debit the below mentioned account with my monthly membership fees of **R500 (Five Hundred Rand)** on the first working day of every month, commencing _____.

I understand that these fees are reviewed annually and will be adjusted accordingly, and that the onus is on me to advise the Randridge Residents Association, in writing, by the 20th of the month, should I wish to cancel this debit order.

Signed at: _____

Date: _____

Acc Holders Signature: _____

Acc Holder's Name: _____

Bank: _____

Branch: _____

Branch Code: _____

Account Number: _____

Account Type: _____