

DE AAR

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Posbus/P.O.Box 42, De Aar, 7000

HANOVER

Tel: 053 649 0026

BRITSTOWN

Tel: 053 672 0202



Alle korrespondensie moet geng word aan die **MUNISIPALE BESTUURDER**

All Correspondence must be addressed to the **MUNICIPAL MANAGER**

Kantoor van die/Municipal Manager
Office of the:

Verw. Nr/Ref. No:

Datum/Date:

Navrae/Enquiries:

DEBIT ORDER INSTRUCTION FOR BANKSERV

FROM: (NAME OF DEBTOR) _____

(ADDRESS) _____

ACCOUNT NUMBER (DEBTOR NUMBER IN MUNICIPALITY) _____

THE ACTION DATE _____

MAXIMUM AMOUNT TO BE DEDUCTED _____

Dear Sir,

The details of my/our bankaccount are as follows:

NAME OF ACCOUNTHOLDER: _____

BANK: _____ BRANCH NAME AND TOWN: _____

ACCOUNT NUMBER									

BRANCH NUMBER									

TYPE OF ACCOUNT		
CHEQUE	SAVINGS	TRANSMISSION

I / We hereby authorize you to draw against my/ our account with the above mentioned bank (or any other bank or branch to which I / We may transfer my/our account) the amount necessary for payment of the monthly commitment due in respect of Municipal Services. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us as personally.

I / We understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement of on an accompanying voucher.



VISION

We, Emthanjeni Municipality, commit ourselves to a humane and caring society, living in a healthy and secure environment, conducive to sustainable economic development.

MISSION STATEMENT

We strive to: Deliver quality services and promote development in our municipal area in a non-sexist, non-racial and non-discriminating manner. We do this by creating a climate of co-operative governance with meaningful partnerships with all stakeholders, especially the members of the general public.

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

This authority may be cancelled by me / us by giving you thirty (30) days notice in writing, sent by prepaid registration post, but I / We understand that I / We shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you.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 it's rights to any third party without my/our prior written consent and that I/we may not delegate any or my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed at _____ on this _____ day of _____ 2 _____

SIGNATURE AS USED FOR SIGNING CHEQUES

ASSISTED BY
(where legally necessary)

CAPACITY

NOTE: Any proof of bank must be attached to confirm the banking details