



17 Liebenberg Street, Constantia Kloof, Roodepoort  
Tel: (011) 475 1440 WhatsApp: 076 791 2312  
Posbus 5008 Weltevredenpark 1715  
info@constantiakruin.co.za

## DEBIT ORDER AUTHORISATION

First Mandate  Amended Mandate (Delete where not applicable)

### NAME OF MEMBER

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel (c): \_\_\_\_\_ E-Mail: \_\_\_\_\_

### BANK DETAILS

Name of Account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of Account:  Cheque:  Savings:  Other: \_\_\_\_\_

### MANDATE

I hereby request and authorize you to debit my account at the above named bank with R \_\_\_\_\_  
(amount in words) \_\_\_\_\_

on the \_\_\_\_\_ day of every month starting from \_\_\_\_\_ 20 \_\_\_\_\_

### AMENDMENT OF EXISTING DEBIT ORDER

1. Obtain my permission annually before changing the amount.

2. **Annual increase of existing debit order**

I hereby request and authorize you to adjust the amount each year in accordance with the prevailing rate of inflation, but with three months' notice in advance.

3. **Once off increase of existing debit order**

I hereby request and authorize you to increase the monthly amount to R \_\_\_\_\_

### 4. Cancellation

This authorization can be timeously cancelled or amended by me giving you written notice of cancellation.

Signed by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_