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KLEINMOND
7195
Tel: 028 271 4010
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OVERSTRAND MUNICIPALITY

Authorization for Automatic Payment of Municipal Account

P O Box 84
STANFORD
7210
Tel: 028 314 0640
Fax: 028 314 0445

P O Box 20
HERMANUS
7200
Tel: 028 313 8000
Fax: 028 313 8048

P O Box 26
GANSBAAI
7220
Tel: 028 384 0111
Fax: 028 384 0241

Erf No: Suburb/Ward

Surname:					Initials:		
Physical Address:							
				Email address:			
Contact Number:	Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>	

IMPORTANT: Start date of Debit Order: ____/____/____

Municipal Accounts Numbers:

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

I, the undersigned hereby authorise Overstrand Municipality to debit my bank account with the total amount payable on my account(s) as indicated, to a maximum amount of R _____.

I further understand and accept the following conditions in respect to this authorization:

1. That my bank account may be debited with the total amount payable on my Monthly rates and services account on every 20th day of the month or the 1st following working day, subsequent to the month in which my Municipal account is invoiced: AND/OR That my bank account may be debited with the total debit on my Annual Rates Account on the final date of payment as stated on such account.
2. That this authorization will remain in operation until it is revoked by me, due to termination of services, change of bank or any other reason, by means of thirty (30) days prior written notice to this effect to the Overstrand Municipality.
3. That the Overstrand Municipality may at any time cancel the authorization by means of written notice to me.
4. That the Overstrand Municipality received all payments in terms of this authorization without prejudice to its rights.
5. Attach proof of verified banking details (i.e. EStamped, Bank Verification Letter.)
6. In case of a tenant, a written resolution from the owner is needed.
7. In case of non-payment my account may be debited with a fee equal to that bank charges and administration fee.
8. I/We undertake to pay all the bank charges in respect of this debit order.

Date: _____

Signature: _____

FOR OFFICE USE ONLY

Information verified & submitted on computer on _____ (date) Signature _____