PROPERTY SERVICES

89 Elston Ave
Benoni

P O Box 133
Benoni 1500
South Africa

Tel: (011) 421-0111
Fax: (011) 422-4957
E-mail: benoniboard@onboard.co.za

TO : **BENONI BOARD ACCOUNTS DEPARTMENT**

DEBIT ORDER AUTHORITY

REFERENCE NO: ……..

Full Name of
Account Holder: ……

Home Address : ……

……

Bank: ……

Branch: ……

Branch Code: …… ☐ …… ☐ …… ☐

Account Number: ……

Account Type: Current Savings Transmission

I authorise Benoni Board CC to debit my account, as specified above, with the total amount payable on my monthly Rent/Levy/Services Statement. I acknowledge that my account will be debited on, or about the 1st day of each month.

Furthermore, I understand and accept the following conditions of this authorisation:

1. Benoni Board CC may cancel the debit order, should my bank disallow a debit against my account on two consecutive occasions because of insufficient funds, or for any other reason.
2. The charge, if any, levied by the bank for Debit Order transactions, will be for my account.
3. Should your payment be **"REFER TO DRAWER",** an appropriate fee will be levied.

SIGNATURE: ……

DATE: …… TEL NO. ……