



DEBIT ORDER INSTRUCTION / AUTHORISATION

FROM:	ZEMA ACCOUNT N^o. For Office Use
FULL NAMES	
ZIMBALI STREET ADDRESS	
ID/PASSPORT NUMBER	
CELL/MOBILE NUMBER	
DATE	

TO: ZIMBALI ESTATE MANAGEMENT ASSOCIATION (ZEMA)
P O Box 1, Zimbali, 4422

Dear Sir/Madam

The details of my/our bank account are as follows:

Bank : _____
 Branch Name : _____
 Branch Code : _____
 Account Number : _____
 Type of Account : _____

I hereby request and authorise you to draw against my/our account with the above mentioned bank, or any other bank or branch to which I may transfer my/our account, the sum of R _____
 (_____),

(Amount in Words)

or any amount due and necessary for payment of the monthly expenses due in respect of the above-mentioned association on the 1st (first) of each and every month, or the first business day thereafter.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

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

This authority may be cancelled by me by giving you thirty (30) days' notice in writing, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

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

Signed at _____ this _____ day of _____ 20_____

SIGNATURE – AUTHORISED SIGNATORY

CAPACITY (e.g. Owner / Director / Member / Trustee)

AUTHORISED SIGNATORY FULL NAMES (PRINT)