

WKRRA - WOODMEAD KHYBER ROCK RESIDENTS ASSOCIATION

The Woodmead/Khyber Rock Residents Association

Association incorporated under Section 21 1996/009316/08

RESIDENT FORM

Full Names															
Address															
Contact	Home				-										
	Mobile				-										
	eMail														
Spouse / Partner Name(s)															
Contact	Mobile				-										
	eMail														

DEBIT ORDER AUTHORITY

Account Name															
Bank															
Branch															
Branch Code									Account Type		C	T	S		
Account Number															
Monthly Amount	R														
Initiation Date					/			/	2	0					

I/We hereby instruct and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account), the sum of R 200.00, the amount necessary for payment of our contribution to the residents association, on the 1st day of each and every month, commencing _____ 20____ and continuing until cancelled by me in writing. All such withdrawals from my / our bank account by you shall be treated as though they had been signed by me/us personally.

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days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

Please send completed form to info@woodrock.co.za.

SIGNATURE :

Signed at _____ on this _____ day of _____ 20 _____

Name

Signature