APPLICATION FORM (PLEASE COMPLETE IN BLOCK CAPITALS)

AUTHORISATION FOR AUTOMATIC PAYMENT OF RAY NKONYENI LOCAL MUNICIPALITY ACCOUNT					

Ray Nkonyeni Local Municipality Account No:					
Surname:		Mr/Mrs/Miss/Dr:			
First Name:		ID No:		Cell No.	
Postal Address:		Tel (W):		Tel(H):	
		Email:			
Bank:		Branch:		Branch Code:	
Type of Account:	**Cheque**	**Transmission**		**Savings a/c**	
Bank Account No:					
Maximum funds that can be debited: R		Payments are for:	**RATES**	Credit control arragement	

PLEASE ATTACH A CANCELLED CHEQUE/PROOF OF BANK ACCOUNT AND A COPY OF YOUR RAY NKONYENI LOCAL MUNICIPAL ACCOUNT.

IN THE CASE OF A TRANSMISSION ACCOUNT, PLEASE HAVE DOCUMENT CERTIFIED BY BANK.

PLEASE DEBIT MY BANK ACCOUNT EVERY MONTH ON THE	**15th**	**20th**	**25th**	**30th**

I/We the undersigned, hereby authorise Ray Nkonyeni Local Municipality to debit my account as above with the total amount due on my monthly account.	**DATE**
I/We further understand and accept the following conditions to this authorisation:	
1. That my/our bank account may be debited with the total amount payable on my/our monthly rates and services account on the due date as specified on the account.	**SIGNATURE**
2. That this authorisation will remain in force until it is revoked by me/us due to termination of the service, change of bank, or for any other reason, by means of 30 (thirty) days prior written notice to this effect to Ray Nkonyeni Local Municipality.	
3. That Ray Nkonyeni Local Municipality may at any time cancel the authorisation by means of 30 (thirty) days written notice to me/us.	
4. That Ray Nkonyeni Local Municipality will receive all payments in terms of this authorisation without prejudice to its rights.	
5. Due to the cost of high bank charges, if an applicant's debit order was rejected twice for some reason, the debit order will be cancelled without informing the applicant.	

THIS FORM MUST BE FULLY COMPLETED AND RETURNED BY FAX TO 086-529-7066 FOR ATTENTION XOLISWA NTLEKO
OR BY EMAIL TO **lisa.ntleko@rnm.gov.za**

FOR OFFICE USE ONLY   Captured By:_____   Date : _____