



ESTD 1922

DURBAN Country Club

Make yourself at home

Debit Order Authorisation Form

Surname:	
First Names:	
Membership Number:	
ID Number:	
Address:	Code:
Telephone Number:	

I hereby request and authorise you to draw against my account the payment of the monthly installment in respect of the subscription due by me for monthly membership of Durban Country Club.

I understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service and that the details of each withdrawal will be printed on my bank statement.

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

This authority may be cancelled by me, provided I give Durban Country Club one month's written notice to be received no later than the first working day of the month. I acknowledge that this cancellation will only be activated once I receive written confirmation from Durban Country Club acknowledging receipt of my cancellation. I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such payments were legally owing to you.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).

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

Name

Authorised signatory

On this _____ day of _____ 20____.