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**APPLICATION FOR DEBIT ORDER FOR PAYMENT OF MUNICIPAL ACCOUNT**

MUNICIPAL ACCOUNT HOL'DER'S NAME:

MUNICIPAL SERVICES ACCOUNT NUMBER:

ID OR BUSINESS REGISTRATION NUMBER:

IF A BUSINESS ACCOUNT, CAPACITY IN WHICH THE APPLICATION IS MADE:

(e.g. DIRECTOR, TRUSTEE, SOLE OWNER, PARTNER, ETC)

CONTACT DETAILS

CELL:

TEL (HOME)

TEL (WORK)

FAX

BANKING DETAILS

TYPE OF ACCOUNT:  CHEQUE  SAVINGS  TRANSMISSION (Mark appropriate box)

ACCOUNT HOLDER:

IDENTIFICATION NUMBER:

BANK NAME:

BRANCH CODE:

BANK ACCOUNT NUMBER:

START DATE:

END DATE:  MAXIMUM AMOUNT R

**CLIENT COMMITMENT - INSTRUCTION TO BANK**

- PLEASE PAY NMBM (BY DEBIT ORDER) FROM MY ACCOUNT SUBJECT TO THE SAFEGUARDS ASSURED BY THE DEBIT ORDER GUARANTEE. I AGREE TO PAY ANY BANK CHARGES RELATING TO THIS DEBIT ORDER INSTRUCTION.
- I AM RESPONSIBLE TO ENSURE SUFFICIENT FUNDS ARE AVAILABLE AND ACKNOWLEDGE THAT IT REMAINS MY RESPONSIBILITY TO ENSURE THAT MY ACCOUNT IS CORRECTLY PAID EACH MONTH.
- I UNDERSTAND THAT THIS INSTRUCTION WILL REMAIN WITH THE NMBM AND DETAILS

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WILL BE PASSED ELECTRONICALLY TO MY BANK.

## **GENERAL**

- I UNDERSTAND AND AGREE THAT THE DEBIT ORDER WILL ALWAYS BE PRESENTED ON THE DUE DATES AS REFLECTED ON MY MUNICIPAL ACCOUNTS.
- I FURTHER UNDERSTAND THAT THE FIRST DEBIT ORDER WILL BE PRESENTED ON THE DUE DATE FOLLOWING THAT REFLECTED ON MY CURRENT ACCOUNT AND AGREE TO SETTLE MY CURRENT ACCOUNTS MEANWHILE PENDING THE IMPLEMENTATION OF THIS DEBIT ORDER.
- THIS DEBIT ORDER MAY BE CANCELLED 30 DAYS PRIOR TO THE ACCOUNT DUE DATE. I WILL NOT BE ENTITLED TO ANY REFUND(S) OF AMOUNTS DEBITED SHOULD I GIVE LESS THAN THE REQUIRED NOTICE.
- THE EFFICIENCY AND SECURITY OF THE SCHEME IS MONITORED AND PROTECTED BY MY OWN BANK.
- AUTHORISED WITHDRAWALS WILL BE PROCESSED ELECTRONICALLY AND DETAILS PRINTED ON MY BANK STATEMENT.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

## **EXPLANATORY NOTES ON HOW TO COMPLETE THIS FORM:**

- 1 PLEASE COMPLETE IN CAPITALS & RETURN TO: FAX: (041) 506 1287 OR EMAIL: **cashall9@mandelametro.gov.za**
- 2 PLEASE INDICATE YOUR NAME AND TELEPHONE/CELLULAR PHONE NUMBER, DATE AND SIGN THE COMPLETED FORM.
- 3 START AND END DATE - YOU MAY INDICATE A START AND END DATE - IF THIS IS NOT INDICATED THE DEBIT ORDER WILL COMMENCE AS SOON AS POSSIBLE AND BE RETAINED INDEFINITELY UNTIL WITHDRAWN BY YOURSELF.
- 4 MAXIMUM AMOUNT - THE DEBIT ORDER WILL BE PROCESSED SO AS NOT TO EXCEED THE STATED MAXIMUM.

## **PLEASE TAKE NOTE OF THE FOLLOWING IMPORTANT INFORMATION:**

1. ALL SERVICES AND GENERAL RATES TARIFFS ARE INCREASED IN JULY OF EACH YEAR – PLEASE REVISE YOUR DEBIT ORDER AND ENSURE THAT YOUR MAXIMUM AMOUNT WILL COVER THE INCREASES.
2. IT IS THE ACCOUNT HOLDERS OBLIGATION TO INCREASE THE MAXIMUM AMOUNT ONCE THE MONTHLY ACCOUNT EXCEEDS THE MAXIMUM DEDUCTION ALLOWED.
3. THE FIRST DEDUCTION WILL ONLY TAKE PLACE 30-60 DAYS AFTER THIS APPLICATION IS SUBMITTED – PLEASE CONTINUE TO MAKE MANUAL PAYMENTS UNTIL THIS APPLICATION IS PROCESSED.
4. UNPAID DEBIT ORDERS WILL RESULT IN YOUR ACCOUNT BEING CHARGED INTEREST, BANK CHARGES AND AN ADDITIONAL DEPOSIT. SERVICE MAY BE TERMINATED IF THE PAYMENT IS NOT RECEIVED WITHIN SEVEN (7) DAYS.
5. IN CASE OF AN UNPAID DEBIT ORDER AS STATED ABOVE, NMBM RESERVES THE RIGHT TO CANCEL THIS DEBIT ORDER.

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