

- New
- Modern
- Comfortable
- Convenient
- Secure

DEBIT ORDER AUTHORISATION FORM

I, the undersigned, herewith authorise KOVACS STUDENT HOUSING WESTERN CAPE to arrange with my bank for the amounts to be drawn against my account in accordance with the debit order system

PAYERS SURNAME:..... FIRST NAME:.....

STUDENT SURNAME:..... FIRST NAME:.....

DEDUCTIONS

MONTH	DEDUCTION DAY	AMOUNT	MONTH	DEDUCTION DAY	AMOUNT
JAN			JUN		
FEB			JUL		
MAR			AUG		
APR			SEP		
MAY			OCT		

ACCOUNT HOLDER.....

NAME OF BANK:.....

ACCOUNT NUMBER.....

TYPE OF ACCOUNT.....

BRANCH CODE.....

BRANCH:.....

TELEPHONE NUMBER (W) (H).....

CELLULAR

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EMAIL

(This arrangement will remain valid until it is recalled in writing by either of the parties.)

SIGNATURE:..... DATE.....

