



NOTIFICATION OF CHANGE DIRECT DEBIT DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

PARTICULARS OF CUSTOMER

METRO BILL ACCOUNT REFERENCE: _____

SURNAME & INITIALS: _____

ADDRESS: _____

_____ CODE: _____

ID NO: _____

TELEPHONE (B): _____ TELEPHONE (H): _____

I hereby notify EtheKwini Municipality of the following changes to my Debit Order:

(Indicate what changes you want to make by ticking the appropriate box)

Increase Direct Debit Limit, from R _____ to R _____

Decrease Direct Debit Limit, from R _____ to R _____

Change of Banking Details as indicated below

Cancel Direct debit Order with effect from _____ 201 _

BANK ACCOUNT DETAILS :

NAME OF BANK: _____ BANK ACCOUNT NO: _____ BRANCH CODE _____

ACCOUNT TYPE:
(X the appropriate box)

CHEQUE

SAVINGS

TRANSMISSION

NAME & INITIALS OF ACCOUNT HOLDER: _____

PLEASE RETURN THIS FORM TOGETHER WITH A BANK STATEMENT

ACCOUNT HOLDER SIGNATURE or REPRESENTATIVE

SIGNATURE

DATE

CONDITIONS

I understand and accept the following conditions of authorization:

1. Should the above limit be insufficient to settle my bill, I undertake to pay the difference in cash or via electronic transfer.
2. I undertake to maintain the above limit at a realistic level at all times.
3. The Council may cancel the debit order should my bank disallow a debit against my account on two occasions due to insufficient funds, or any other reason.
4. This authorization will remain in operation until revoked by me, by giving 30 days prior written notice to this effect or due to transfer or termination of services, or changes in bank details or for any other reason.
5. If my bank rejects any debit against my account for lack of funds or any other reason, I undertake to pay the Council a penalty in respect of each such rejection, which amount will be added to my Metro bill, and the amount of such penalty may be varied from time to time in accordance with the City's by-laws and tariffs. A disconnection order will be issued without notice if there is a rejection of the debit order.
6. I authorise the Council to adjust the above limit automatically whenever there is a tariff increase with a percentage equal to such an adjustment, or if the limit is insufficient to settle the bill.
7. Funds should be available at least 24 hours before direct debit due date.
8. No written notification will be given if the bank returns a debit order. I undertake to contact this office immediately should there be a rejection reflected on my bill.
9. ASSIGNMENT:

I / We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/We may not delegate any of my/our obligations in terms of this to any third party.