

# CROYDON B ROAD CLOSURE CONTRIBUTION DETAILS

Your road closure contribution goes towards the security guards being on site.

The current fee is R200 per household per month.

Below is a debit order form which can be utilised.

Should you wish to pay by EFT monthly please utilise the below banking details.

Account Name: **Croydon B Road Closure**

Bank: **First National Bank**

Account Number: **626 8434 5351**

Branch Number: **252 442**

Please use your **address** as a reference

Send Proof of payment to **info@croydonb.co.za**

# CROYDON B ROAD CLOSURE

Indy 061 448 8379 • info@croydonb.co.za

I/we declare our support of the application to the Ekurhuleni Metropolitan Municipality for the implementation of a security area in a portion of Croydon as proposed and indicated by the Croydon B Road Closure / Section 21 company.

## DEBIT ORDER INSTRUCTION

### A. AUTHORITY GIVEN BY:

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(BANK ACCOUNT DETAILS):

BANK NAME: \_\_\_\_\_ BRANCH NAME AND TOWN: \_\_\_\_\_

BRANCH NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

Abbreviated Short Name as registered with the Acquiring Bank: MAMBA FORCE

I/We hereby instruct and authorise Mamba Strike Force to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R \_\_\_\_\_ the amount necessary for payment of the monthly instalment/premium.

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions and must be provided to identify the specific contract. I/we agree that the first payment instruction will be issued and delivered on \_\_\_\_\_ (date) and thereafter regularly on the \_\_\_\_\_ of each month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day.

### B. MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

### C. CANCELLATION

This authority may be cancelled by me/us by giving you thirty days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

### D. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Signed ..... on this ..... Day of..... SIGNATURE.....

## PERSONAL PARTICULARS FOR DATABASE:

FULL NAMES: \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ TENANT NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_