



Please complete and email to :  
[mra.finance@ilovemelville.co.za](mailto:mra.finance@ilovemelville.co.za)

## DEBIT ORDER FORM - MELVILLE RESIDENCE ASSOCIATION

FROM:

.....

ID NUMBER / REGISTRATION NUMBER:

(OPTIONAL)

Tel (W): \_\_\_\_\_  
 Tel (H): \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Residential Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete the following: (indicate with X which service you choose)

Monthly: (MRA MEMBER ONLY R33):

Are you already an MSI member ?

BANK ACCOUNT DETAILS:

**ACCOUNT HOLDER** : .....

**BANK** : .....

**BRANCH NAME AND TOWN** : .....

**BRANCH CODE**

**ACCOUNT NUMBER**

**TYPE OF ACCOUNT** **CURRENT (CHEQUE) SAVINGS / TRANSMISSION**  
 (DELETE WHERE NOT APPLICABLE)

I/we hereby request, "instruct" and authorize you to debit my/our account with the above-mentioned bank (or any other branch to which I/we may transfer my/our account) the sum of R33 (in the case of an MRA member only) or R20 where I am a member of the MSI already in respect of the abovementioned agreement on the first day of each and every month commencing on ..... 20..... All such withdrawals from my / our bank account by you shall be treated as though they had been signed by me/us personally.

I/we understand that the withdrawals hereby authorized will be processed by computer through a system known as the Net Cash Magnetic Tape Service and also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I/we hereby agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owed to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

**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 obligation in terms of this contract/authority to any third party without prior written consent of the authorized party.**

Signed at.....on this .....day of  
 ..... 20.....

\_\_\_\_\_  
**SIGNATURE**

**Bank Details: JOHNLEE ADMIN, FIRST NATIONAL BANK Menlyn Park, A/C No:  
 624 142 087 95, Branch Code 252-645 (Debit order arrangement based on the  
 agreement between JOHNLEE ADMIN and the MELVILLE RESIDENCE ASSOCIATION**