

Kuilsrivier Golf Club

DEBIT ORDER INSTRUCTION

AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

Payment Instruction *(Specify where applicable)*

Unique Reference Number _____ *(Office use only)*

Recurring Payment Monthly Annually

Recurring Amount *As per membership subscription*

Once-Off Payment Amount *SAGA / Handicap - as per other current year's fees*

Specific Collection Period *As per active membership*

Variable Amount Allowed *As per annual increase*

Account Holder Details

Title _____ Full Names and Surname _____

RSA Identity Number

Passport Number _____ Country of Issue _____

Physical Address _____

Telephone Number (h) _____ (w) _____ (c) _____

Email Address _____

Bank Particulars

Name of Bank _____

Name of Branch _____ Branch Code

Bank Account Number

Type of Account Cheque Savings
 Transmission Other _____

Frequency Monthly Yearly

Compulsory Fees Once Off 1st January **SAGA**

Subscription Amount

Date of Collection 1st 7th 15th

I / We agree to pay all charges relating to this debit order instruction and receipt of this instruction shall be regarded as receipt thereof by our Bank. I / We acknowledge that the party hereby authorised to effect the drawing/s against my / our account may not cede or assign any of its rights to any third party without prior written consent of the authorised party.

Signature of Account Holder _____ Date _____ (dd-mm-yy)