MUNICIPALITY SWAKOPMUND
P O BOX 53
SWAKOPMUND

FOR OFFICE USE:
Date Begin: _____ / _____ / _____
Seq. No: _____ROUTE: _____

REQUEST FOR DEBIT ORDER

Please tick!

1. **New Apllication** ☐
2. **Change Banking Details** ☐
3. **Cancellation Of Debit Order** ☐

I/We hereby authorise the Municipality of Swakopmund to debit my/our banking account directly (see details of the account provided below) on the **07 th of each month / *31 of each month** , or the first working day and 20th December thereafter, in respect of moneys owing on my/our Consumer's account.

I/We 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by prepaid registered post, but I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.
Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be)

The Municipality of Swakopmund reserves the right to discontinue services to the relevant property if the direct debit is not honoured by my/our bank.

CUSTOMERS MUNICIPAL ACCOUNT DETAILS	
Surname:	Postal Address: _____
Initials:	Email address:
Municipal Account No.:	**TEL. NO.: ( )** _____

MY / OUR BANKING ACCOUNT DETAILS	
Name of Bank:	Bank Account No.:
Place/Town:	Type of Account:
Branch Code: _____ / _____ / _____	(Cheque / Savings)

***I/We attach hereto a cancelled specimen cheque form for your records(Current account only).**

AUTHORISED SIGNATORY/SIGNATORIES FOR THE ABOVE ACCOUNT:

_____	_____	_____ / _____ / _____
(Name in full)	(Signature)	(Date)

FOR OFFICE USE ONLY	
Processed by (Sign):	Date:_____ / _____ / _____
Cancelled by (Sign):	Date:_____ / _____ / _____
Financial Accountant (Sign):	Date:_____ / _____ / _____