



EtheKwini Revenue Management
Florence Mkhize Building
251 Smith Street
Durban
4001

Tel: 031 311 1363/67
Fax: 031 311 1116

E-Mail: dborder@durban.gov.za
Website: <http://www.durban.gov.za>

DEBIT ORDER AUTHORITY

PLEASE COMPLETE IN BLOCK LETTERS

PARTICULARS OF APPLICANT

METRO BILL ACCOUNT REFERENCE: _____

SURNAME & INITIALS: _____

ADDRESS: _____

ID NO: _____

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

BANK ACCOUNT DETAILS _____ BANK ACCOUNT NO.: _____

NAME OF BANK: _____ BRANCH _____ BRANCH CODE _____

ACCOUNT TYPE:
(X the appropriate box)

CHEQUE

SAVINGS

TRANSMISSION

NAME & INITIALS OF ACCOUNT HOLDER: _____

I, the undersigned, authorize eThekweni Municipality to debit my account, as specified above, on the due date with the total amount payable on my monthly Metro Bill, to a maximum of R _____

PLEASE RETURN THIS FORM TOGETHER WITH A BANK STATEMENT

ACCOUNT HOLDER SIGNATURE _____

DATE _____

IMPORTANT INFORMATION

- You will receive your Metro Bill as in the past
- On the date indicated in the body of the bill, which, according to your property address, will normally be either the 1st or the 15th of the month, an automatic withdrawal will be made from your nominated bank account and paid to the eThekweni Municipality, subject to a limit which you specified.
- It may take some time to process your new application so please continue to pay your Metro bills within the time allowed until you receive a bill endorsed "Direct payment due on"

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.

SIGNATURE OF ACCOUNT HOLDER or REPRESENTATIVE _____

DATE _____