

## BANKERS DEBIT ORDER

MIDCITY LEVY ACCOUNT REF NO: \_\_\_\_\_

PROPERTY NAME: \_\_\_\_\_ UNIT / STAND NUMBER: \_\_\_\_\_

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

DEBTOR'S FULL NAME(S) OF REGISTERED OWNER: \_\_\_\_\_

Confirm that the full name of the registered owner is the account holders name:

Should a company be the debtor, the full name of the company must be shown above and the authorised person(s) must sign indicating his/their capacity(ties). The company stamp must also appear here:

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

POSTAL CODE: \_\_\_\_\_

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

TELEPHONE: (H) (\_\_\_\_) \_\_\_\_\_ (B) (\_\_\_\_) \_\_\_\_\_ (CELL) \_\_\_\_\_

I/We hereby request MidCity Property Services (Pty) Ltd (abbreviated name registered with the bank: **MidCity**) or its nominee to draw against my/our account at whichever bank it may be at present the amount of:

R \_\_\_\_\_ being the total amount outstanding on my account and increases thereof due in respect of my agreement dated \_\_\_\_\_ and I/We request my/our bank, whichever it is or will be, to debit my/our account with such amounts drawn against it by **MidCity**, in terms of the request. Please debit my Bank Account as shown below, the first payment due on the 1st day of \_\_\_\_\_ 20\_\_\_\_ and then on the 1st working day of each calendar month thereafter.

BANK: \_\_\_\_\_ BRANCH NAME: \_\_\_\_\_

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

ACCOUNT TYPE: (please mark applicable block below) Cheque:  Savings:  Transmission:

### PLEASE TAKE SPECIAL NOTE:

- IN THE EVENT OF A DEBIT ORDER BEING REJECTED, A FEE OF **R205.00** VAT INCL. (SUBJECT TO ANNUAL CHANGE) WILL BE CHARGED TO THE CLIENT
- SHOULD A DEBIT ORDER BE REJECTED TWICE, THE DEBIT ORDER AUTHORITY WILL BE CANCELLED IMMEDIATELY, AND SUCH CANCELLATION WILL NOT CANCEL THE **OBLIGATION TO PAY LEVIES**
- THIS DEBIT ORDER WILL IMMEDIATELY BE CANCELLED UPON RECEIPT OF NOTIFICATION OF CHANGE IN OWNERSHIP FROM YOUR CONVEYANCER

All such withdrawals shall be treated as though I/we had signed them personally. I/we understand that the withdrawals from my/our bank account will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on my/our bank statement or on any accompanying voucher. I/we agree to pay any bank charges to the Debit Order Instruction. In the event of the debit order being rejected by the bank twice, I/we note the special notice of **MidCity's** obligation to cancel this instruction and hereby give them permission thereto. I/we understand that I/we shall not be entitled to any refund of amounts, which have been withdrawn while this authority was in force if such amounts were legally owed. I/We acknowledge that although this Authority and Mandate may be cancelled by me/us by giving 30 days' notice in writing, such cancellation will not cancel the Agreement. I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement or the management thereof is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement or management thereof, this Authority and Mandate cannot be assigned to any third party.

**NOTE: A BANK CONFIRMATION LETTER CONFIRMING THE BANK ACCOUNT, OR ORIGINAL COPY OF YOUR BANK STATEMENT MUST ACCOMPANY THIS FORM FOR BANK IDENTIFICATION PURPOSES.**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Second signature (If applicable): \_\_\_\_\_

*A second signature will be required for joint bank accounts or when a legal guardian assists a minor*