



CBCSI - Debit Order Form

Property Details:																	
Address:																	
Personal Details:																	
ID / Passport:												Email:					
Surname:								Cell Phone:									
First Name:								Home Phone:									
Capacity: <i>(Please circle)</i>		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other (Please describe):															
Debit Order Details:																	
Name of Bank:						Branch Code:											
Account Holder: <i>(Your name as it appears on your account)</i>						Branch Name:											
Account Number:												Commencement Date:		MM	YYYY	This is the month and year that the first debit order should be deducted	
Debit Order Mode: <i>(Please circle)</i>		<input type="checkbox"/> Monthly <input type="checkbox"/> Annual		Please note that monthly debit orders will be deducted on the 1 st of each month and annual debit orders will be deducted on 1 st Dec each year. These debit orders are subject to annual increases as per below.													
Debit Order Terms and Instructions:		I hereby authorise and instruct the Trustees of the Camps Bay and Clifton Safe Community Trust ("The Trust") to debit the above account with the amount of the CBCSI contribution on a monthly / annual basis. * I may cancel this authorisation with 30 days prior written notice to the Trust. * I agree to pay any bank charges relating to this Debit Order instruction. * I agree that the Trustees of The Trust may increase the CBCSI contribution by no more than 7.5% annually * I understand and agree that my personal details will be added to the secure Camps Bay Watch and CBCSI mailing lists and that I may receive crime related and community related information and alerts.															
Signature:																	



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For more information on CBCSI, please visit www.cbcsi.co.za