

Honeydew Community Police Forum

P O Box 2549,
Honeydew 2040

Fax: 011 794-4163

DEBIT ORDER APPLICATION

Name:

I D No:

Tel: (w)

(h)

Address:

Bank:

Branch:

Branch No:

Type of Account:

Account No:

Amount Payable

(In words):

Due Date:

First Payment Due

I, the undersigned, hereby authorise the Honeydew CPF to collect the amount indicated above on the first business day of each month from my account as detailed above. This instruction is to remain in force until cancelled by me in writing.

Signature:

Date: