



Debit Order Form

IN FAVOUR OF OBSERVATORY ROAD CLOSURE 2

This form may be filled out in Adobe Acrobat Reader or by hand. If filling out in Reader, please print, sign, and scan the form before returning to us.

I, _____ (full name and surname of member)
hereby authorise that the amount of R 605.00 be debited from my banking account on the first day of each month and transferred to the banking account of **OBSERVATORY ROAD CLOSURE 2** in respect of payment for OERF membership and associated benefits. This arrangement will remain in effect until recalled by myself in writing by sending an email to Kim Bricknell at treasurer@obs-estate.org.za.

My Particulars

Physical Address:

Home Phone:

Mobile Phone:

Email Address:

Name of Bank:

Branch Name:

Code:

Account number:

Thus done and signed on this the _____ day of _____ at _____.

MEMBER SIGNATURE:

**Please email the completed and signed form to
Kim Bricknell (Treasurer) at treasurer@obs-estate.org.za.**