SWAKOPMUND
MUNICIPALITY

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REQUEST FOR DEBIT ORDER

	Please Tick
1. **New Application**	
2. **Change of Banking Details**	
3. **Cancellation of Debit Order**	

I/we hereby authorize the Municipality of Swakopmund to debit my/our banking account directly (see details of the account provided below) on the 07th of each month/ 31st of each month, or the first working day and 20th December thereafter, in respect of moneys owing on my/our consumer account.

I/we agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you (30) thirty days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

The Municipality of Swakopmund reserves the right to discontinue services to the relevant property if the debit order is not honoured by my/our bank.

CUSTOMERS MUNICIPAL ACCOUNT DETAILS	
Surname:	Postal Address:
Initials:	Email Address:
Municipal Account No.:	Tel No.:

Please make sure that your municipal account number is correct.

BANKING DETAILS	
Name of Bank:	Bank Account No.:
Place/Town:	Type of Account:
Branch Code:	

Kindly attach bank confirmation letter and copy of ID.

AUTHORIZED SIGNATORY/SIGNATORIES FOR THE ABOVE ACCOUNT:

_____ _____ _____

(Name in full) (Signature) (Date)

FOR OFFICE USE ONLY		
Received and examined by	_____	_____
	Assistant Accountant Revenue	**Date**
Processed by	_____	_____
	Accountant Revenue	**Date**