



**AUTHORISATION FOR AUTOMATIC PAYMENT OF MONTHLY MUNICIPAL ACCOUNTS**

Completed form to be submitted to [serviceconnections@mbombela.gov.za](mailto:serviceconnections@mbombela.gov.za)

**1. CONSUMER INFORMATION**

|                      |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Name                 |  |  |  |  |  |  |  |  |  |  |  |
| Municipal account no |  |  |  |  |  |  |  |  |  |  |  |
| Street Address       |  |  |  |  |  |  |  |  |  |  |  |

Cell No. \_\_\_\_\_ Tel (w) \_\_\_\_\_ Tel (H) \_\_\_\_\_

**2. BANK DETAILS**

|                        |  |  |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Bank                   |  |  |  |  |  |  |  |  |  |  |  |
| Branch                 |  |  |  |  |  |  |  |  |  |  |  |
| Bank Account Number    |  |  |  |  |  |  |  |  |  |  |  |
| Branch Code            |  |  |  |  |  |  |  |  |  |  |  |
| Account in the name of |  |  |  |  |  |  |  |  |  |  |  |
| Type of Account        |  |  |  |  |  |  |  |  |  |  |  |

3. I the undersigned hereby authorize City of Mbombela Council to debit the above bank account with the total amount payable in respect of the above-mentioned municipal account. The total debit must not exceed the amount of

|   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| R |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|

**4. TRANSACTION INSTRUCTION DATE (Please choose date)**

|                          |   |    |    |  |  |  |  |  |  |  |  |
|--------------------------|---|----|----|--|--|--|--|--|--|--|--|
| 1                        | 7 | 17 | 25 |  |  |  |  |  |  |  |  |
| Effective Month and Year |   |    |    |  |  |  |  |  |  |  |  |

**5. I further understand and accept the following conditions in respect of this authorization:**

- 5.1 That my bank account will be debited on the date I choose above with the amount reflected/due on my municipal account
- 5.2 That this authorization will remain in operation until it is revoked by me by means of a thirty (30) days written notice to the Council
- 5.3 That the Council may at anytime cancel the authorization without any notification should my debit order return unpaid for three (3) consecutive months
- 5.4 That Council will receive payments in terms of this authorization without prejudice to its rights.
- 5.5 That the cost payable to ACB per transaction monthly be debited to my account.

|           |      |  |
|-----------|------|--|
| Signature | Date |  |
|-----------|------|--|