



# CRAIGPARK RESIDENTS ASSOCIATION (CRA )

P.O. Box 41308, Craighall, 2024

RETURN to: E-mail: craighallpark@csstactical.co.za or Fax to: 0866 99 64 54



## DEBIT ORDER INSTRUCTION

Dear Sirs,

I hereby instruct and authorise the CRA to draw against my Bank Account the payment required in terms of the Public Spaces Security scheme (PSS) with CSS Tactical, such debit order instruction to take effect on the 1st day of each and every month commencing on:

1st \_\_\_\_\_ [month] 20\_\_\_\_ and continuing for the duration of the abovementioned arrangement.

I undertake against the said bank that I shall regard receipt and acknowledgement by CRA of the request, as receipt and acknowledgement by the bank.

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Telephone Number Res: \_\_\_\_\_ Business: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Postal Address: P.O. BOX \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Type of Account: **Current (Cheque) / Transmission / Savings** (Delete where not applicable)

Bank Code

Account Number

Name of Account Holder \_\_\_\_\_

Amount R385.00 (Three Hundred and Eighty Five Rand only) incl. Vat  
(delete that which does not apply) **OR** R85 (Eighty Five Rand only per unit for complexes): no of units \_\_\_\_\_  
**OR** (other amount or business rate): \_\_\_\_\_

This authority may be cancelled by my giving you one calendar month's notice in writing as per the abovementioned agreement, sent by Pre-paid Registered post.

Signed at \_\_\_\_\_ Johannesburg on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_  
(As used for signing cheques)