

ADDRESS: _____

ERF NO: _____

NAME: _____

CELL 2: _____

CELL 1: _____

E-MAIL 1: _____

E-MAIL 2: _____

FINANCIAL CONTROL

(Residential 1 - House) _____ (R 1600-00)

Debit Order Fee Increase

18 Months p/m

24 Months p/m

36 Months p/m

Single Payment (10%

discount)

4 Payments

(Residential 2 - Townhouse 30% of R 1600.00) _____ (R 540-00)

Debit Order Fee Increase

18 Months p/m

24 Months p/m

36 Months p/m

Single Payment

2 Payments

4 Payments

(Residential 3 - Flats & Pensioners 23% of R 1600.00) _____ (R 360-00)

Debit Order Fee Increase

18 Months p/m

24 Months p/m

36 Months p/m

Single Payment

2 Payments

4 Payments

AUTHORISATION _____

We hereby authorise for the FCP to increase our existing debitorder to include the amount and payment method as selected above

Name _____

Date _____

Signature _____