

# DEBIT ORDER FORM



Bank / Building Society:

Cheque Account

Transmission Account

Savings Account

Account Number:

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Branch Name:

Branch Code:

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## DEBIT ORDER AUTHORITY

I hereby request Radio CCFM to draw against my account each month / quarter, until cancelled by me in writing, the amount of R\_\_\_\_\_

I request my bank to debit my account with the above amount.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (BLOCK LETTERS, PLEASE)

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Address:

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this completed form to:  
Radio CCFM, P.O. Box 50, Muizenberg, 7950, South Africa  
Fax: (021) 788 - 9493