



## DEBIT ORDER FORM

Bank/Building Society:

Cheque Account

Transmission

Savings

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name

Branch Code

--	--	--	--	--	--

## DEBIT ORDER AUTHORITY

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

25 <sup>th</sup>	27 <sup>th</sup>	31 <sup>st</sup>	1 <sup>st</sup>
------------------	------------------	------------------	-----------------

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

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

Name: (Block Letters, Please)

\_\_\_\_\_

Address:

\_\_\_\_\_

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

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

Please return this completed form to:

**finance@ccfm.org.za**

Tel: (021) 788 – 9492

