DEBIT ORDER FORM

Debit Order Authorisation & Payment Details

Bank/Building Society

Cheque ☐ **Transmission** ☐ **Savings** ☐

Account Number

Branch Name | Brand 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 **25th** ☐ **27th** ☐ **31st** ☐ **1st** ☐

Signature:_____ **Date:**_____

Name: (Block Letters, please)

Address:

Postal Code:

Phone No: | Email:

Please return this completed form to: finance @ccfm.org.za | Tel: 021 788 9492