

DEBIT ORDER - AMENDMENT FORM

PERSONAL DETAILS
Surname/Company name:
First name/trading as:
Identity number:
Postal address:
Telephone number: :
CONTRACT ACCOUNT DETAILS
City contract account number:
Premise address
Please indicate with a (x) cross in the relevant box indicating the relevant change;
☐ Terminate my debit order.
☐ Amend my deduction date to: 7 th ☐ 15 th ☐ Last day of the month ☐
☐ Increase the maximum deduction amount to R
□ Decrease the maximum deduction amount to R
☐ Amend my banking details to:
Name of Bank:
Branch name
Branch code:
Name of account holder:
Account number:
Please ensure the information supplied is correct and please attached the following:
A copy of your Identity Document. Proof of your bank details, either:
 I. a canceled cheque; or II. a transaction record of your savings or transmission account; or III. have the bank details on this form certified by your bank, include the bank's official stamp on the form.
Signature: Date: