



a world class African city

**Application for Authorisation for Automatic Payment of
Monthly Water, Electricity and Rates Account**

Department of Finance and Economic Development Revenue (0003F)

Please Complete in BLOCK LETTERS

CONSUMER INFORMATION		MUNICIPAL ACCOUNT NUMBER																											
		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																											
Township: _____		Stand: _____																											
Surname: _____		Mr/Mrs/Dr.: _____																											
First Names: _____																													
Street Address: _____																													
		Code: _____																											
Postal Address: _____																													
		Code: _____																											
Telephone No. (W) _____		(H) _____		(C) _____																									
Prop. Number:		<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					

BANK ACCOUNT INFORMATION																													
Bank: _____	Bank Tel: _____ Branch: _____																												
Bank account number:	Branch number:																												
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								
Type:																													
<table border="1"> <tr> <td>TRANSMISSION</td> <td>CHEQUE</td> <td>SAVINGS</td> </tr> </table>		TRANSMISSION	CHEQUE	SAVINGS																									
TRANSMISSION	CHEQUE	SAVINGS																											
Account in the name of: _____																													
Copy of cancelled cheque attached																													
<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>		YES	NO																										
YES	NO																												

AUTHORISATION:

I, the undersigned, hereby authorise the City of Johannesburg to debit my account as above with the total balance on my monthly statement from the Council. I further understand and accept the following conditions in respect of this authorisation -

1. That my bank account may be debited with the total amount payable on my monthly municipal account on the due date as reflected on the respective monthly statements.
2. That this authorisation will remain in operation in operation until it is resolved by me, due to termination of services, change of bank or for any other reason, by means of a thirty (30) days prior written notice to this effect to the Council.
3. That the Council may at any time cancel the authorisation by means of a written notice to me.
4. The Council will receive all payments in terms of this authorisation without prejudice to its rights
5. That my monthly statement from the council be paid in full, before I qualify for this service

DATE: _____ SIGNATURE: _____