

RESIDENT'S INFORMATION AND DEBIT ORDER AUTHORITY

Your Details			
Full Name			
Physical Address			
Telephone	(H)	(W)	(Cell)
Email address			
Your Partner's details (if any)			
Full Name			
Telephone	(H)	(W)	(Cell)
Email address			
Comments (including the date on which you want your armed response service to start)			

You will need to have a new radio transmitter installed to connect your alarm system to our service provider. The cost of this is R1040.00 plus VAT. Once paid for, the radio will become your property.

All details will be kept confidential. It will not be sold or disclosed to any third parties. It will be used solely for the purposes of providing the Safe Parkview service on behalf of the Parkview and greenside East community and by the Parkview Residents Association.

AGREEMENT WITH

CO NAME: **A Safer Parkview**

I/WE (NAME): _____ undertake and hereby apply, with effect from the date upon which the service begins, to become a member of A SAFER PARKVIEW (Association incorporated under Section 21 of the Companies Act) formed to promote the provision of security services in Parkview and Greenside East.

I/We hereby authorise: A Safer Parkview utilising the services of CAT/EFTS, to draw against my/our account the sum of:

R _____ (only) at:

BANK NAME: _____

BRANCH NAME: _____

BRANCH CODE: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

ACCOUNT TYPE: CHEQUE / SAVINGS / TRANSMISSION (delete where not applicable)

or any other bank or branch to which I may transfer my/our account, on the first day of each and every month commencing on:

STARTING DATE: _____ until termination of the contract by either party.

This authority may be cancelled by me/us by giving A Safer Parkview 30 days notice telephonically and by fax confirmation but I/we understand that we shall not be authorized by any refund of amounts which A Safer Parkview may have withdrawn while this authority was in force if such amounts were legally owing to A Safer Parkview. I/We agree to pay any bank charges relating to this debit order instruction including any charges for a returned debit order.

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

DATED AT _____ ON THIS _____ DAY OF _____ 20_____

SIGNATURE: _____

NB: Please attach a cancelled cheque to this form for bank identification purposes (current account only).