



Best Overall Experience

**KRUGERSDORP GOLF CLUB**  
1 Nightingale Crescent,  
Rant-en-Dal, Mogale City  
Office (011) 660 4365  
Admin Office Email:  
Receptionist: alicia@kdpgc.co.za  
Secretary: beatrix@kdpgc.co.za

## DEBIT ORDER FORM

OFFICE USE ONLY		
Type of Membership	Affiliation	Admin Fee
Unlimited Rounds	Pro Rata	Locker

### ACCOUNT HOLDER DETAILS:

TITLE:

FULL NAME & SURNAME:

RSA ID NUMBER:  (Compulsory)

POSTAL ADDRESS:

TELEPHONE NUMBERS:

EMAIL:

### BANK DETAILS:

NAME OF BANK:  NAME OF BRANCH:

ACCOUNT NUMBER:  6-DIGIT BANK CODE:

TYPE OF ACCOUNT: 

CURRENT	SAVINGS	OTHER:	<input type="text"/>
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DEDUCTION DATE:  LAST CALANDER DATE PER MONTH

### DECLARATION:

I; the undersigned hereby authorize **KRUGERSDORP GOLF CLUB** to arrange with my bank (or any other bank to which I may transfer my account) to collect, by means of the Debit Order System.

**IF YOU SIGN THE DEBIT ORDER FORM; PLEASE NOTE THAT YOUR SAGA CARD AND AFFILIATION FEE IS PAYABLE IN CASH**

The payment in terms of the stipulations of this contract, payments in arrears and debit installments (as they may be amended from time to time/ where so requested) of the above-mentioned plan against my account.

Should payment be returned by your bank for a **THIRD TIME** the **full outstanding amount will immediately become due and payable**; furthermore I will be treated as a defaulter and my SAGA card will be blocked until full payment is received

**The Club requires 30 DAYS notice period prior to cancelation of the Debit Order.**

SIGNATURE OF PAYER:

DATE: