



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

STOP ORDER/DEBIT ORDER/EFT FORM

FOR OFFICE USE ONLY			
Membership Number:		Admin Fee:	R 150.00
Type of Membership:			
Affiliation:	JUVENILE	MEN	LADIES R
Unlimited Rounds:		Upfront Fee:	R

ACCOUNT HOLDER DETAILS:

TITLE:

FULL NAME & SURNAME:

RSA ID NUMBER: *(Compulsory)*

POSTAL ADDRESS:

CONTACT NUMBERS:

EMAIL:

BANK DETAILS:

PLEASE NOTE! We do not accept CREDIT CARD BANKING DETAILS.

NAME OF BANK: <input style="width: 300px; height: 20px;" type="text"/>	NAME OF BRANCH: <input style="width: 150px; height: 20px;" type="text"/>
ACCOUNT NUMBER: <input style="width: 300px; height: 20px;" type="text"/>	6-DIGIT BANK CODE: <input style="width: 150px; height: 20px; text-align: center;" type="text" value="UNIVERSAL"/>
TYPE OF ACCOUNT:	
<input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER	
DEDUCTION DATE: <input style="width: 150px; height: 20px;" type="text"/>	
<i>LAST CALANDER DATE PER MONTH</i>	

KRUGERSDORP GOLF CLUB BANKING DETAILS:

STANDARD BANK KEY WEST
 ACCOUNT NUMBER- 021 351 821
 BRANCH NUMBER- 01 58 41
 REFERENCE- NAME AND SURNAME

DECLARATION:

I, the undersigned, hereby authorize KRUGERSDORP GOLF CLUB to debit my account as stated above (or any other bank to which I may transfer my account) in respect of fees or other indebtedness owing to the Club by way of a debit order. I agree to pay any bank charges relating to the debit order instruction.

I, the undersigned, hereby confirm that I will effect payment to the KRUGERSDORP GOLF CLUB bank account by means of a stop order or EFT on the last day of each calender month.

This mandate will remain in full force until all amounts owed by me have been paid in full. I specifically agree and acknowledge that I may not cancel this instruction where I have agreed to be bound by a membership of the Club for the current period ending January of each year. Should payment not be effected or returned by my bank, the full outstanding amount will immediately become due and payable and I will be treated as a defaulter and my SAGA card will be blocked until full payment is received.

PLEASE NOTE THAT YOUR SAGA CARD AND AFFILIATION FEES ARE PAYABLE IN CASH AND DOES NOT FORM PART OF THIS STOP ORDER / EFT INSTRUCTION.

SIGNATURE OF MEMBER:

DATE:

