



# Hurlingham Manor North Association

## Debit Order Form

### PERSONAL DETAILS:

Name:	Mr / Mrs / Miss / Dr		
Erf No:	_____	ID No:	_____
Postal Address:	_____	Suburb:	_____ Code: _____
Physical Address:	_____	Suburb:	_____ Code: _____
Tel: (Work)	_____	(Home):	_____
Cell:	_____	Fax:	_____
E-mail:	_____	Owner/Tenant:	_____
Subscribe to HMNA Newsletter:	Y / N		

POPIA: The electronic HMNA database will save your contact details i.e. Personal Details info, but not the Debit Order info. The HMNA committee uses this information solely for the purposes of communication and membership tracking. The information is securely stored and you have the right to change this info or request that it be deleted at any time by emailing [membership@hmna.co.za](mailto:membership@hmna.co.za).

### DEBIT ORDER:

Bank Name:	_____		
Branch Name:	_____	Branch No:	_____
Account Name:	_____	Account No:	_____
Type of Account:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission <input type="checkbox"/> Other: _____
Frequency Period:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	First Payment Date: _____
Amount in words:	_____	Amount in rands:	_____

### INTERNET PAYMENTS:

You may pay directly into our bank account – Please use your street address as the reference

Beneficiary Details: Hurlingham Manor North Association      Account No: 1522 152 482

Branch No: 152205 Epsom Downs      Bank Name: Nedbank

\*Please DO NOT set up automatic POP notifications. Payments received will be picked up from the bank statements.

The normal subscription is R395 per month. If paid annually in March the normal subscription is R4345 – the 12<sup>th</sup> month is free. Pensioner's subscription is R315 per month. If paid annually in March the pensioners subscription is R3465 – the 12<sup>th</sup> month is free.

If joining mid-year a pro-rata amount applies, please request amount.

Financial year end is 28 February.

Please note that cancellation of membership must be made in writing to the HMNA and emailed to [membership@hmna.co.za](mailto:membership@hmna.co.za).

I confirm that I shall have no claim against the bank in respect of any consequences of any failure on their part to make payment on due date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please email this form to [membership@hmna.co.za](mailto:membership@hmna.co.za) alternatively contact your street representative to collect.