



**The Association
for the Protection of Road Accident Victims**

14 Impala Street

Doornkloof

Centurion

0157

www.aprav.co.za

Tel: 073 520 5391

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DEBIT ORDER AUTHORISATION FORM

I Prof/Dr/Mr/Mrs/Miss _____ (Full Names of Account Holder)

I.D. Number _____

Residential Address _____ (No. & Street) Postal Address _____
_____ (Suburb) _____
_____ (City) _____
_____ (Postal Code) _____

Tel. Numbers: (____) _____ (Home) (____) _____ (Work) (____) _____ (Cell)

Hereby instruct and authorise APRAV to debit my bank account every month on the 1st/15th/25th (Delete **NOT** applicable) of every month, for the amount of R _____. All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorisation/instruction by notifying APRAV, giving thirty days' notice in writing, per registered post. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.

BANK DETAILS

Account Holder _____ (Full names)

Name of Bank _____ Branch Code _____

Account Number _____ Account type _____

Signed at _____ (Town/City) On this the _____ day of _____ 20_____

Signature of Account Holder