

Best Overall Experience

KRUGERSDORP GOLF CLUB

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

ACCOUNT HOLDER DETAILS:

TITLE:

SIGNATURE OF MEMBER:

DATE:

FULL NAME & SURNAME:					
RSA ID NUMBER:					(Compulsory)
POSTAL ADDRESS:					
CONTACT NUMBERS:					
EMAIL:					
BANK DETAILS:					
	PLEASE NOTE!	We do not accept	CREDIT CARI	D BANKING DETAILS.	
NAME OF BANK:				NAME OF BRANCH:	
ACCOUNT NUMBER:			_	6-DIGIT BANK CODE:	UNIVERSAL
TYPE OF ACCOUNT:	CURRENT	SAVINGS	OTHER		
DEDUCTION DATE:	LAST CALANDER DATE PER MONTH				
KRUGERSDORP	GOLF CLUB BA	NKING DETAI	LS:		
STANDARD BANK KEY WEST					
ACCOUNT NUMBER- 021 351 821 BRANCH NUMBER- 01 58 41					
		REFERENCE- NAM		ME	
		DECLAR	ATION:		
	•	owing to the Club by w	ay of a debit or	· ·	ank to which I may transfer my k charges relating to the debit
I, the undersigned, here	eby confirm that I will effe			•	eans of a stop order or EFT on
cancel this instruction w	where I have agreed to be I or returned by my bank,	nounts owed by me had bound by a membershi	ve been paid in ip of the Club fo nount will imme	full. I specifically agree and or the current period ending diately become due and pa	acknowledge that I may not g January of each year. Should ryable and I will be treated as a

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