



KwaZulu-Natal Department of Sport and Recreation

Entity Maintenance: Bank Details

The Deputy Director General: KZN Department of Sport and Recreation

I/We hereby request and authorise you to pay any amounts which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ACB ELECTRONIC FUND TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initial and Surname

Authorised Signature

Date dd/mm/yyyy

Name of Account/Supplier:

Name of Bank:

Name of Branch:

Branch Code:

Account Number:

Type of Account: Current Account Other (please specify)
 Savings Account
 Transmission Account

**DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT**

ADDRESS TO SEND THE PAYMENT STUB