



1 Pontoon Road, 1st floor,
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LINK FM FAMILY PARTNERSHIP APPLICATION FORM

Partner with Link Fm and enjoy these exclusive benefits :

- Be in the draw for monthly gifts exclusive to Family Partners
- Receive a quarterly Link FM newsletter
- As a Family Partner, you have a bestowed interest in the station.

For easy monthly payment complete the below debit order form and return to Link FM.

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Scan and e-mail to info@linkfm.co.za

DEBIT ORDER FORM

FULL NAME _____

ADDRESS _____

TELEPHONE Mobile: _____ Landline: _____

EMAIL ADDRESS _____

IDENTITY NUMBER _____

ACCOUNT HOLDER NAME _____

BANK _____

BRANCH CODE _____

ACCOUNT TYPE Savings Current / Cheque Transmission

ACCOUNT NUMBER _____

I hereby authorise Link FM to draw against my account with the above mentioned bank (or any other bank to which I may transfer my account) the sum of: R50 R100 R200 Other R _____

(In words:) _____

Please tick: on the 1st day of each month 6th day of each month last day of each month

These withdrawals will continue on a monthly basis commencing on _____

All such withdrawals from my account shall be treated as though they had been signed by me personally. I agree to pay a penalty of R40.00 should this debit order not be honoured on the agreed date and any other bank charges relating to this debit order instruction.

This authority may be cancelled by me giving Link FM 30 days notice in writing, but I understand that I will not be entitled to any refund of amount withdrawals while this authority was in force. Receipt of this instruction by you shall be regarded as receipt thereof by my bank.

Please note your debit order reference on your bank statement will reflect as "FAMILYPARTNER-LINKFM".

SIGNATURE (of account holder) _____
DATE _____