



Debit Order Amendment Form

E-Mail: service@audifs.co.za

Return fax: 0861 888 272

Customer Details

Customer Name:

Cell/Tel No:

WesBank Account No:

Identity/ Co Registration No:

You are hereby authorised to make the following changes / series of changes against the account, in respect of the obligation set out below. I accept this as a FORM 27 notice that you are authorised to make the following amendments to my banking details for the debit order deductions monthly:

New Bank Details

Bank Name:

Branch Name:

Account Name:

Account number:

Account Type:

Conditions of Approval:

Bank statements (not older than 3 months) confirming the new banking details must accompany all requests.

Should the change apply to a company account (CC or PTY Ltd), please supply the bank statements confirming the new banking details and authorized signatory of the bank account on a company letter head. (Members or Directors).

Please note; In order for the new banking details to be activated, we require 5 business days' notice before the next debit order due date.

Inception Date for new bank account:

Monthly Instalment due date:

Customer Signature:

Bank Account Holders name & ID number:

Bank Account Holders Signature:

Please note that we are unable to amend banking details to any third party. We can only amend details pertaining to the Volkswagen Financial Services account holder. If customers request the changes to be on their spouses account, we require both parties signatures and bank statements.