



PO BOX 5 PORT SHEPSTONE KWAZULU-NATAL 4240  
TELEPHONE 039 3128300 TELEFAX 039 317 334

## **ACCOUNTS PAYABLE SECTION**

Our Ref: CFS/ ACC/ EFT1  
Your Ref:  
Enquiries: JAY BRIJLALL : 039- 312 8372

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/ Madam

### **ELECTRONIC FUNDS TRANSFER: PAYMENTS TO SUPPLIERS**

The Ray Nkonyeni Local Municipality implemented a system whereby suppliers can be paid by electronic funds transfer (E.F.T) direct into their bank account, as opposed to being paid by cheque. This system is considered to be more secure and will avoid delays and problems associated with the postal system and in certain instances the inconvenience of collecting cheques. It will also ensure timeous payments.

In order to set up the necessary mechanism, please complete the **attached form (all sections must be fully completed)** and return it to us **together with a cancelled cheque, bank statement or letter from the bank** confirming the details completed on the form. In the case of the bank account being held by an individual a **certified copy of their identity document** will also need to be attached.

**NB: The ORIGINAL of the attached Payment Authorisation form must be returned. Photocopies and fax copies of this form will NOT be accepted.**

Remittance advices reflecting the amount of the transfer, the payment date and the details of invoices paid, will be mailed to you on the payment date. As the electronic system will be used by the Ray Nkonyeni Local Municipality as the prime means of payments, is imperative that the attached form is completed and returned to us urgently.

If subsequent changes are made to your banking details, please notify us promptly in writing and the relevant documentation will be forwarded to you for completion. Please note that your account will be put on hold until the new documents are submitted as to delay payments going into the incorrect account.

As the Municipality operates several different payments systems, it is possible that you will receive more than one request for this information. Kindly respond to each request separately as these systems are mutually exclusive.

Please return documents to Accounts Payable: Jay Brijlall, P.O. Box 5, Port Shepstone, 4240

Your co-operation in this regard will be appreciated.

Yours faithfully

\_\_\_\_\_  
CHIEF FINANCIAL OFFICER

**RAY NKONYENI LOCAL MUNICIPALITY**

**PAYMENT AUTHORISATION**

NAME OF COMPANY/ CC/ PARTENERSHIP: \_\_\_\_\_

TRADING AS : \_\_\_\_\_

REG. NO : \_\_\_\_\_ TEL. \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS : \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

I/ we, the undersigned, hereby authorise and instruct the Ray Nkonyeni Local Municipality to pay all amount that may hereafter from time to time, become due and payable to me/ us by the Hibiscus Coast Municipality by electronically transferring the same to the bank mentioned below for the credit of my / our account detailed below.

I/ we, the undersigned, understand and agree that :

- Any such transfer shall constitute a full and final discharge of the Ray Nkonyeni Local Municipality's obligation to make such payments to me/ us. The Ray Nkonyeni Local Municipality shall not be liable to make good any loss which I / We may suffer consequent upon such transfers pursuant to this authority and instruction.
- This payment authorisation and instruction will be applied to both goods and services rendered
- This authority and instruction will remain valid unless cancelled by either party upon thirty (30) days written notice. The said notice will only be effective in writing, delivered to the party at the addresses stated herein and bearing an acknowledgement of receipt by other party.
- Should any transfer attempted in respect of this authorisation be unsuccessful due to incorrect information supplied by me/ us. I / We agree to pay all bank charges for this transfer attempt.

In the event that details set out herein should change, I/ We agree to notify the Municipality forthwith.

\_\_\_\_\_  
Name Capacity Telephone/Cell phone

\_\_\_\_\_  
Signature Date

**SECTION A : BANK ACCOUNT TO WHICH PAYMENTS ARE TO BE MADE**

NAME IN, WHICH ACCOUNT IS HELD: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BRANCH: \_\_\_\_\_

BANK CLEARING NUMBER:

ACCOUNT NO:

ACCOUNT TYPE \_\_\_\_\_

**Important:** Please attach a copy of certified identification, and a copy of a cancelled cheque or bank statement.

**SECTION B: BEFORE RETURNING, THIS SECTION MUST BE COMPLETED BY YOUR BANK**

I/ We confirm that the above information on the client's account at this bank/ building society is correct

\_\_\_\_\_  
Signed on behalf of bank

\_\_\_\_\_  
Name

\_\_\_\_\_  
Capacity



Note;- This information will super cede any previous authorisation and instruction lodged with the Ray Nkonyeni Local Municipality. **Original completed** form must be posted to **P O Box 5 Port Shepstone. Attention Crediors Department** Photocopies or faxed copies will not be accepted.

**For Office use only**

**Supplier Code**

**Captured Name**

**Initial**

**Date**