

DEBIT ORDER FORM

STUDENT INFORMATION

Student name and surname	
Student number (for office use)	

ACCOUNT HOLDER INFORMATION

Account holder name and surname	
Account holder ID / passport number	
Relation to student	
Account holder email address	
Account holder contact number	

DEBIT ORDER INFORMATION

Bank			
Branch code			
Account number			
Type of account	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/>
Amount per month	R <input type="text"/>		
Day of month	<input type="text" value="01"/>	<input type="text" value="15"/>	<input type="text" value="25"/>
Commencing from	February 2020 TO November 2020		
Number of payments	10 (Ten)		

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable). In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; Payment Instructions due in December may be debited against my account on _____. I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20 _____

Account Holder Signature / Guarantor

Print Name and Signature