



DEBIT ORDER INSTRUCTION

CHILD'S NAME AND SURNAME			
DEBTOR'S CODE (Office use only)	School		Aftercare

DETAILS – DEBTOR

FULL NAME AND SURNAME	
PHYSICAL ADDRESS	
CELL NUMBER	
COMMENCEMENT DATE	
EMAIL ADDRESS	
ABBREVIATED NAME	HERMANUS P

DETAILS - BANK

BANK		ACCOUNT NAME	
BRANCH		ACCOUNT NUMBER	
BRANCH NR		ACCOUNT TYPE	CHEQUE/SAVINGS/TRANSMISSION

DEBIT ACCOUNT FOR

DEBIT ACCOUNT FOR	AMOUNT	PAYMENT DAY		
SCHOOL FEES	R1 200	1st	16th	26th
AFTERCARE FEES	R1 140 / R730	1st	16th	26th

The signed Authority and Mandate refers to the financial letter as dated on signature hereof (the Agreement) I hereby authorise Hermanus Pre-Primary's financial department to issue and deliver payment instructions to the bank for collection against my account at the above-mentioned bank on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, commencing on the commencement date and continuing until this Authority and mandate is terminated by me by giving the financial department notice in writing of no less than 20 (twenty) ordinary working days.

The authorised payment instruction must be issued and delivered at the financial office by hand. Debit my account with the debit amount on the Payment Day of each and every month on the payment Day of the month following the contract date. In the event that the Payment day falls on a Saturday, Sunday or recognised South African public holiday, the Payment Day will automatically be the next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, I will make a manual payment to ensure my payment obligations are met.

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks and I also understand that the 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 issuing of any payment instruction.

MANDATE

I acknowledge that all payment instructions issued by you shall be treated by my above-mentioned bank as if the instructions had been issued by me personally.

CANCELLATION

I agree that, although this Authority and Mandate may be cancelled by me, the cancellation will not cancel the Agreement. I 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 acknowledge that this authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in 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__

NAME AND SURNAME SIGNATURE CAPACITY