

**HOËRSKOOL OVERKRUIN
DEBIT ORDER INSTRUCTION
(PLEASE NOTE FROM FEB-NOV 2017, 10 PAYMENTS)**

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 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

- I. on the ___ day (“**payment day**”) of the month commencing on _____. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in the (my) nominated account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account;
- II. monthly, bi-monthly, three-monthly, six-monthly, annually, weekly, bi-weekly or once-off (delete which is not applicable), on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

Payment Instructions due in **December and/or April** may be debited against my account on _____.

I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which number must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

A. MANDATE

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

B. 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 been withdrawn while this Authority was in force, if such amounts were legally owing to you.

C. 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.

Given by (Name of account holder)					
Address					
Bank		Branch code			
Account number			Account type		
Amount	ONE LEARNER: R1560.00		TWO LEARNERS: R 3120.00		
Payment day:					
Learners:				GRADE AND CLASS:	
1.					
2.					
3.					
4.					
To: name of beneficiary	HOËRSKOOL OVERKRUIJN				
Beneficiary's address	133 BRAAM PRETORIUS STREET WONDERBOOM				
Abbreviated name as it will appear on your statement	REOVERKRUI				

Signed at _____ on this _____ day of _____

Signature as used for operating on the account

Assisted by

FOR OFFICE USE

E. AGREEMENT REFERENCE NUMBER: This Agreement reference number is: _____.