

DEBIT ORDER AUTHORIZATION – SCHOOL FEES

A. AUTHORITY

Given by (name of Accountholder)	
Name & Surname of learner(s)	
Address	
Bank	
Account Number	
Branch <u>code</u> Number – 6 digits	NUMBER:
Type of account (<i>delete which is not applicable</i>)	Current (cheque) / Savings / Transmission
Amount (<i>subject to an annual increase</i>)	
Payment Date – PLEASE CIRCLE	Last working day of month or 15 th
To (<i>name of beneficiary</i>)	Camps Bay High School
Abbreviated Name as Registered with the Bank	
Beneficiary's Address	Lower Kloof Street, Camps Bay

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 at the Annual General Meeting (where the annual compulsory school fees are approved by the parents and are subject to an annual increase) and commencing _____ 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 or delivered to your address as indicated above. Payments are only made on either the last working day of the month or the 15th of the month.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: **MONTHLY for 10 months, starting 31 January to 31 October.**

In the event that the payment day falls on a Sunday or recognised SA public holiday for the 15th, the payment day will automatically be the very next ordinary business day. I/We also understand that any charges for unpaid debit orders will be debited against my/our account.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I/we also understand that details of each withdrawal will be printed on my bank statement.

B. 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.

C. 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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. 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 _____

(Signature as used for operating on the account)

FOR OFFICE USE ONLY

REFERENCE NUMBER		LOGGED WITH BANK	
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