



BOLAND COLLEGE: DEBIT ORDER INSTRUCTION FORM

The following documents are required to complete your Debit Order application	
Description	Tick
ID of account holder	
3 Months bank statement or payslip not older than 3 months	
Proof of residence (Fica not older than 3 months)	
Debit Order application signed	

Assisted By (Finance Clerk) _____

Signed at _____ on this _____ day of _____ 20__

Written Authority and Mandate for Debit Payment Instructions

Authority (Person Responsible For Account)

Name & Surname _____

Id Number _____

Address (*Financial Purpose*)

Contact Number _____

Name of Account holder _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account _____

Total Amount _____

Monthly Repayment Amount _____

Total Months _____

Commence Date _____

Student Name and Surname _____

Student Number (*Use as Reference No.*) _____

Student Contact Number _____

To **Boland College**

Beneficiary's Address **85 Bird Street, Stellenbosch, 7599**

Abbreviated Name as Registered with the Bank (*Reference on your Bank Statement*): **MULTID FOR**

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

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my 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.

Payment Instructions due in **December** may be debited against my account on _____ **(date)**.

I/We understand that the withdrawals hereby authorised will be processed through a computerised 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 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 before the issuing of any payment instruction.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned 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__

(Signature as used for operating on the account)

Assisted By (Finance Clerk)