

DEBIT ORDER MANDATE FOR PAYMENT OF FEES – PRETORIA BOYS HIGH SCHOOL

A. Authority

Given by (ACCOUNT HOLDER) *to be completed electronically*

Account type (select ONE)	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>
Date (select ONE)	1 st	<input type="checkbox"/>	16 th	<input type="checkbox"/>	26 th	<input type="checkbox"/>
Start Month	Click here to enter text.					
<i>DEBIT ORDER MANDATE WILL CONTINUE FOR THE ENTIRE CALENDAR YEAR AND WILL AUTOMATICALLY RENEW ON AN ANNUAL BASIS</i>						
Account holder's name	Click here to enter text.					
Account number	Click here to enter text.					
Bank	Click here to enter text.					
Branch code	Click here to enter text.					
Amount	Click here to enter text.					
Surname, Initials of parent/guardian	Click here to enter text.					
Cellular Telephone number	Click here to enter text.					
E-mail address	Click here to enter text.					
Address	Click here to enter text.					
	Click here to enter text.					
Debtors Code (as per statement)	Click here to enter text.					
Learner's Surname	Click here to enter text.					
Mandate Authority date	Click here to enter text.					

To (BENEFICIARY DETAILS)

Name Pretoria Boys High School
Contact Number 012 460 2246 ext 141

Abbreviated Name PTABHS
Address 251 Roper Street, Brooklyn, Pretoria

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 each 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 one calendar's month notice in writing.

The individual payment instructions so authorised to be issued must be issued and delivered monthly, as per the date above.

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.

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 abovementioned 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.

E. Continuation

This debit order mandate will remain in place for the duration of registration at PBHS. Debit orders will automatically be increased each year in line with applicable fees.

F. Amount

The monthly amount will be one-tenth of the annual fee from January each year.

Signed at _____ on this _____ day of _____ 20 _____

SIGNATURE OF ACCOUNT HOLDER

NAME IN FULL

The signed document to be scanned and e-mailed to debitorders@boyshigh.com

Signed at PRETORIA on this _____ day of _____ 20 _____

For a and on behalf of PBHS

Julian Cook, Business Manager
Name in full and capacity

