NAME AND SURNAME OF STUDENT: _____ Grade in 2027 ___

HOËRSKOOL ELSPARK

POSBUS 12001, ELSPARK 1418 ☎ 011 893 2013/4
✉: kantoor@hselspark.co.za Webwerf: www.hselspark.co.za 🖷 011 893 3879

BANK DEBIT ORDER INSTRUCTION

Name (Debtor) :	**HOËRSKOOL ELSPARK**	Date signed :	_____
Address :	Waaiboom Street	Debit Amount :	_____
	Elspark, 1418	Contact person:	Ronel Smit
Contact No :	011 893 2013/4	Abbreviated name as registered with the bank:	HS ELSPARK

Dear Sirs/Madams

The details of my/our account (account holder) are as follows:

BANK NAME :	_____	BRANCH TOWN :	_____
BRANCH NO.:	_____	ACCOUNT HOLDERS NAME	_____
ACCOUNT NO. :	_____	TYPE OF A/C :	_____

(savings,current,transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 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:

On the _____ day ("payment day") of each and every month commencing on _____; Monthly, 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 that the obligation due; In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that 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 the issuing of any payment instruction. 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. MANDATE I/We

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.

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 to 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___

_____ **(Please attach a copy of account holder ID)**

SIGNATURE OF ACCOUNT HOLDER

ALSO NOTE THAT YOU WILL HAVE TO APPROVE A DEBI CHECK ON YOUR BANKING APP

- **The name and surname of the eldest child in the school must appear at the top of this page.**