



Ridgeway

P.O. BOX 1705
LOUIS TRICHARDT
0920
SOUTH AFRICA
Tel: 015 161 0210
email:admin@ridgewaycollege.co.za



BANK DEBIT ORDER INSTRUCTION

Full Name	_____	Date	_____
Address	_____	Acc No	_____
	_____	Debit Amount	as per statement
	_____	Commence Date	_____
Contact No	_____	Abbreviated name as registered with the bank	RIDGWAY

Dear Sir/Madam,

The details of my/our account are as follows:-

BANK ACCOUNT

Bank	_____
Branch	_____
Branch Code	_____
Account Name	_____
Account Number	_____
Type of Account	_____

(savings/current/transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof (the Agreement”) I/we hereby authorize you to issue and deliver payment instruction to the bank for the collection against my/our abovementioned account at my/our abovementioned 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 instruction so authorized to be issued must be issued and delivered as follows:-

On the 25th 28th 1st 4th day (“payment day”) of each and every month commencing on _____. 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 working day. Further, if there are insufficient funds



Directors:
R Pessequeiro (Chairman)
L Bristow, N Mostert, A Ayob,
A Maiwashe, T Manyoha,
J Tshivhinda, K Gilbert,
S Makatu, B Wells





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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 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 than the obligation due.

I/we understand that the withdrawals hereby authorized 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 acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instruction 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__

PARENTS SIGNATURE

PARENTS SIGNATURE

WITNESS

WITNESS



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