

Ridgeway College

P O Box 1705, Louis Trichardt, 0920 Tel: 015 151 0111 www.ridgewaycollege.co.za

	BANK DEBIT (ORDER INSTRUCTION	
Address		Date Acc No Debit Amount	as per statement
Contact No		Commence Date Abbreviated name as registered with the bank	RIDGWAY
Dear Sir/Madam,			
The details of my/o	our account are as follows	S:-	
	Bank Branch Branch Code Account Name Account Number Type of Account	avings/current/transmission	n)
Agreement") I/we I the collection again any other bank or sum of such paym Agreement, and coand Mandate is tell	nereby authorize you to is not my/our abovemention branch to which I/we may ent instructions will never ommencing on the comm minated by me/us by givi	o our contract as dated as of sue and deliver payment in ed account at my/our above transfer my/our account) of exceed my/our obligations encement date and continuing you notice in writing of red post or delivered to your	nstruction to the bank for ementioned bank (or on condition that the sas agreed to in the ling until this Authority no less than 20 ordinary
The individual pay follows:-	ment instruction so autho	rized to be issued must be	issued and delivered as
commencing on		day ("payment day") of ea e event that the payment d holiday, the payment day w	ay falls on a Saturday,







Ridgeway College

P O Box 1705, Louis Trichardt, 0920 Tel: 015 151 0111 www.ridgewaycollege.co.za

very next ordinary working 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 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 I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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	



