

DEBIT ORDER INSTRUCTION



Company Registration Number: 2007/017012/07

BANK DEBIT ORDER INSTRUCTION – CREDIT CARD AUTHORITY

Name & Surname of Student: _____ Date: ____/____/____

Address: _____ Student Number: _____
_____ Postal Code: _____

Telephone No: _____ Cell No: _____ Any other No: _____

BANK ACCOUNT DETAILS:

CREDIT CARD DETAILS:

Name & Surname of person responsible for Account: _____

Telephone No: _____ Cell No: _____ Any other No: _____

Bank: _____ Cardholder's Name: _____

Branch/Town: _____ Card No: _____

Branch No: _____ Expiry Date: _____

Account No: _____ CVV No: _____

Account Name: _____ (3 Digit Number on the back of the Card)

Type of Account: _____ Card Type: _____

(Savings, Current, Transmission)

(VISA OR MASTERCARD)

Registration Fee – Once-off (If Applicable)

The sum of _____ (state amount in words) or any variable amount pertaining to this agreement. **DATE on which debit order will be deducted:** ____/____/____.

Monthly Payment (Always Applicable)

The sum of _____ (state amount in words) or any variable amount pertaining to this agreement. **DATE on which debit order will be deducted each month:** ____/____/____.

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 on the day ("payment day") of each and every month as indicated above. 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 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 and Mandate has been ceded to Netcash (Pty) Ltd as per your agreement with Netcash (Pty) Ltd, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

Signature: _____

Date: ____/____/____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS