

## STOP MY DEBIT ORDER INSTRUCTION



Name & Surname: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Student Number: \_\_\_\_\_

Telephone No: \_\_\_\_\_

This form must only be submitted to The Learning Group if the Student has successfully completed or wants to cancel their programme of study.

You must submit and e-mail the required form to [consult@learninggroup.co.za](mailto:consult@learninggroup.co.za).

For any further assistance, please do not hesitate to contact our friendly Support Agents on 021 958 2526, extension 266.

Please take note that the request must reach us on or before the 7<sup>th</sup> of each month. We cannot stop your debit order after that date and you will still be liable for that month.

I hereby give one (1) month notice and authorise The Learning Group to stop my debit order.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS**