

St Patrick's CBC

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...where more than 120 years of
 history embraces the future

DEBIT ORDER AUTHORISATION FORM ST PATRICK'S CBC

I the undersigned, duly authorise St Patrick's CBC, Kimberley to institute a debit order against my bank account as mentioned below for the amount due on my school account each month **or** for the fixed amount stipulated, being R_____. (Debit order for the 15th will include the following month's fees, as fees are due on the 1st of each month).

PERSON RESPONSIBLE FOR DEBIT ORDER

Name:	
Surname:	
Title:	
ID no:	
Home address:	
Employer:	
Work address:	
Tel (home):	
Tel (work):	
Cell number:	
Email address:	

BANK DETAILS: (For company bank details a letter of permission on the company letterhead with company stamp and banking details is required).

Account name:						
Bank:						
Branch name:						
Branch code:						
Account number:						
Type of account:						
Debit Order date (tick one):	1 st of the month	<input type="checkbox"/>	15 th of the month	<input type="checkbox"/>	25 th of the month	<input type="checkbox"/>

Start date: _____ End date: _____

I declare that the above information is correct and that I have read and agreed to the terms and conditions stated on page 2 section A – D.

Signed at _____ on this _____ day of _____.

(Signature as used for operating on the account)

Account Number: (For office use)

A: Authority

This signed Authority and Mandate refers to our agreement above with St Patrick's CBC in respect of collection of Fees.

I/We hereby authorise St Patrick's CBC using the services of IMAGIN8, Insure Group Managers Ltd, or their authorized Third Party (Herein after referred to as *Epic*) to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other 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 date above and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

I/We further authorise Epic to increase or reduce such amounts due from time to time to reflect any change to the Agreement, including changes in the base agreement cost, additional services, products, transactional costs as communicated to Epic by St Patrick's CBC.

The individual payment instructions so authorised to be issued and delivered as follows: monthly

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. 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.

D. Assignment

I/We acknowledge that this Authority may be ceded 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.