



DALE COLLEGE BOYS' HIGH SCHOOL

email: office@dalecollege.co.za
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PO Box 62
KING WILLIAMS TOWN
5600

TELEPHONE
043 64 21968
043 64 21958
043 64 23998

A. DEBIT ORDER AUTHORITY

Given by (name of account holder) _____

Name and surname of child: _____

Address _____

Tel: _____

Bank _____

Branch and code _____

Account number _____

Type of account (delete which is not applicable) _____

Tick the payments that need to be included in the debit order

<input type="checkbox"/>	R3 100.00 (SCHOOL FEES ONLY OVER 10 MONTHS – JAN 2022 – OCT 2023)
<input type="checkbox"/>	R2 818.18 (SCHOOL FEES ONLY OVER 11 MONTHS – DEC 2022 – OCT 2023)
<input type="checkbox"/>	R5 393.28 (QUARTERLY BOARDING OVER 10 MONTH – JAN 2022 – OCT 2023)
<input type="checkbox"/>	R4 902.98 (QUARTERLY BOARDING OVER 11 MONTHS – DEC 2022 – OCT 2023)
<input type="checkbox"/>	R3 811.76 (WEEKLY BOARDING OVER 10 MONTHS – JAN 2022 – OCT 2023)
<input type="checkbox"/>	R3 465.27 (WEEKLY BOARDING OVER 11 MONTHS – DEC 2022 – OCT 2023)

Total for debit order: _____

Date (circle **one**) _____ 1st / 15th / 20th / 25th / last day of the month

To (name of beneficiary) **DALE COLLEGE BOYS HIGH SCHOOL**

Abbreviated Name as registered with the bank **DALE COLLEGE**

Beneficiary's Address **QUEENS ROAD - KWT**

This signed Authority and Mandate refers to our contract dated _____ (“the Agreement”)

I / We hereby authorise you to issue and deliver payment instructions to your banker for collection against 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 ____ day of _____ 2020 and continuing until this authority and Mandate is terminated by me / us by giving you written notice of not less than 20 ordinary working days, and sent by prepaid registered post or delivered at your address as indicated above.

The individual payment instructions authorised to be issued must be issued and delivered as follows:
Monthly (January – October),
Annually (January),
Quarterly (January, April, July & October),
Once off (delete which is not applicable)

If 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.

Payment instructions due in December may be debited against my account on _____

I / We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that 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 in section E before the issuing of any payment instruction.

I / We also understand that if my debit order is returned as unpaid a penalty of R10 will be charged by the school.

B. MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my / our abovementioned 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. This mandate will be cancelled after just 1 unpaid deduction.

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.

Signed at _____ on this _____ day of _____.

(Signature as used for operating on the account)

(Assisted by)

E. AGREEMENT REFERENCE NUMBER (For office use)

This agreement reference number is _____