



TREVERTON TRUST

2018 DEBIT ORDER AUTHORISATION
WRITTEN AUTHORITY AND MANDATE FOR DEBIT ORDER PAYMENT INSTRUCTIONS

DATE: _____

SCHOOL ACC NO: [] [] [] [] [] [] [] [] [] []

PUPIL/S NAME/S: _____

A. AUTHORITY GIVEN BY:

NAME OF ACCOUNT HOLDER: _____

POSTAL ADDRESS: _____ CODE [] [] [] [] [] []

PHYSICAL ADDRESS: _____ CODE [] [] [] [] [] []

TELEPHONE AND EMAIL: _____

BANK NAME: _____

BRANCH CODE: [] [] - [] [] - [] []

ACCOUNT NO: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

TYPE OF ACCOUNT: [] CURRENT/CHEQUE [] SAVINGS [] TRANSMISSION

To : TREVERTON TRUST (abbreviated name as registered with the bank, Treverton, Old Main Rd, Mooi River, 3300

This signed authority and mandate refers to my/ our contract/s dated ("the AGREEMENT/S")

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 in the Agreement/s and commencing on the (1st date to start d/o) ____/____/2018 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 (4 weeks), and sent by email, prepaid registered post or delivered to your address as indicated above.

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

- Termly (X 4) 3rd Jan, 4th Apr, 3rd Jul, 3rd Oct
1st Banking Day of each month
Mid-Month (15Th)
Last working Day of the month

Payment Period: Per 12 Months or Less [] State here no. of months

Monthly Amount: R [] Or Change to R []

Termly Amount: R [] Or Change to R []

Should there be any additional amount/s due to you not covered by the instruction above, you are authorised to amend such instruction and debit my/our bank account in July and December each year with the full amount reflected as per my June and November statements annually.

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 reference, which must be included in the said payment instruction and should enable me to identify the Agreement. This reference must be added to this form in section G 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 instruction 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 the Authority was in force, if such amounts were legally owing to Treverton.
D. RETURNED DEBIT ORDERS: I/we agree that in the event of my debit order/s being returned due to insufficient funds or any other reason, an administrative fee of R100 will be levied. Only EFT payments will be accepted as further payment on accounts for which two consecutive debit orders were returned by the bank.
E. ASSIGNMENT: I/we acknowledge that this Authority and Mandate 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 Agreement, this Authority and Mandate cannot be assigned to any third party.

F. OTHER:

- I / We will ensure that sufficient funds are available on debit date to cover amounts due under this Debit Order instruction.
If there are insufficient funds in my account to meet the obligation, Treverton is entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.
I / We agree to pay any bank charges relating to the non-collection of amounts due under this Debit Order Instruction.
I / We agree that interest will be charged on all overdue accounts at the rate published by the School from time to time.
Receipt of this instruction by you shall be regarded as receipt thereof by my / our bank (whichever it is or may be).

Signed at _____ this _____ day of _____ 20 _____

ACCOUNT SIGNATORY/IES NAMES 1 _____ 2 _____

SIGNATURE/S 1 _____ 2 _____
(Signature/s as used for signing cheques or according to the mandate held by your financial institution)

For office use:
G. Agreement Reference Number TREVERTON TRUST _____ (school account number)