

## SAYDA TUTORIAL INSTITUTE DEBIT ORDER INSTRUCTION

## **SECTION 1: DEBTOR DETAILS**

Parent Name & Surname:		
Cell Number:	Agreement ref no: (Office Use)	
Email Address:		



## **SECTION 2: BANK DETAILS**

Bank Name:	Account Name:	
Name of Branch:	Account No:	
Branch Code:	Account Type:	

I hereby request, instruct and authorize Sayda Tutorial Institute to draw against my bank account the monthly sum debited to my account. I understand that this will include the monthly tuition fee, as well as any ancillary costs that are incurred on a monthly or termly basis. (Ancillary costs include the intervention, termly bus and art etc. and the School Development fee, if applicable.)

My payment date will b	1. Pupil Name:	
1 <sup>st</sup> Monthly	2. Pupil Name:	
15 <sup>th</sup> Monthly	3. Pupil Name:	
Last day of the month	4. Pupil Name:	

This signed Authority and mandate refers to the signed Admission Agreement to pay the school fees due in terms of the school admission and fees policy. ("the Agreement"). I hereby irrevocably authorize Sayda Tutorial Institute(hereinafter referred to as the School) to issue and deliver payment instructions to your Banker for collection against my above-mentioned account at my above-mentioned Bank or any other Bank or Branch to which I may transfer my account on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, commencing on

\_\_\_\_\_\_(date) and continuing until this Authority and Mandate is terminated by me giving you notice in writing of not less than 20 ordinary working days, or such time as when my children leave Sayda Tutorial Institute and our agreement is cancelled. I understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African banks. I also understand that details of the withdrawal will be printed on my Bank statement and should enable me to identify the Agreement. In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the preceding ordinary business day. MANDATE I acknowledge that all payment instructions issued by you shall be treated by my above-mentioned bank as if the instructions have been issued by me personally. CANCELLATION I acknowledge that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. We shall not be entitled to any refund of amounts which you may have withdrawn while this Authority was in force, if such amount is legally owing to you. ASSIGNMENT I 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	Assisted by (where legally necessary)	Capacity	

Sayda Tutorial Institute, FNB Bank, Acc No: 630 475 604 45, Branch Code: 250 655, Swift Code: FIRNZAJJ