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Reg. No. 2004/032144/08
PBO No. 9300 408 78
School Reg. No. 110429



WRITTEN AUTHORITY AND MANDATE FOR DEBIT PAYMENT INSTRUCTIONS

Children: 1. Name: _____ Surname: _____
2. Name: _____ Surname: _____
3. Name: _____ Surname: _____

Authority

Given by (name of Account holder) _____

Address _____

Bank _____

Branch and Branch Code _____

Account Number _____

Type of Account (delete that which is not applicable) Current (Cheque) / Savings / Transmission

Amount to be debited from account _____

Commence Date _____

To (Name of Beneficiary) HARVEST CHRISTIAN SCHOOL

Beneficiary's address and Telephone Number 2 TEHORE STREET, MULBARTON
011 432 5752/3

This Agreement reference number is _____

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 account at 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 _____ 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.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: Monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**).

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. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

Payment instructions due in December may be debited against my account on _____ (**date**).

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 before the issuing of any payment instruction.

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.

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.

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 of account holder

Witness 1: Name _____
Date: _____

Signature: _____

Signature on behalf of Harvest Christian School

Witness 2: Name _____
Date: _____

Signature: _____

Harvest Christian School

Directors: B Lee | J Pillay | N Sadler

