

# Stutterheim High School



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Private Bag X1  
Stutterheim  
4930

## Payment Instructions

### A. Authority

Given by (*name of account holder*) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Bank ABSA CAPITEC FNB STANDARD Other \_\_\_\_\_

Branch \_\_\_\_\_

Branch and Code

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Account Number

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

Amount R \_\_\_\_\_ Words \_\_\_\_\_

Date of Batches: (Please Circle your preferred date)

1<sup>st</sup> 5<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> 25<sup>th</sup> last Day

To (*name of beneficiary*)

Abbreviated Name as Registered with the Bank

Beneficiary's Address

Stutterheim High School

STUTTHIGHS

Mountain View Drive, P/Bag X1, Stutterheim, 4930

This signed Authority and Mandate refers to our contract for enrolled learner/s. ("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). I further authorise you to increase the amount of this debit order in line with future fee adjustments. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

This Agreement is to run from the month of \_\_\_\_\_ 20\_\_ 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 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.

Payment instructions due in December may be debited against my account on the same date unless paid by the employer earlier, then the debit order is to be processed earlier.

P.T.O.

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 undertake to ensure that my abovementioned bank account has sufficient funds to meet this debit order.

**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.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature as used for operating on the account)

\_\_\_\_\_  
(Assisted By)

**E. Agreement Reference Number**

This Agreement reference number is: D \_\_\_\_\_

Name of Learner/s Present Grade  
(as per Agreement Reference Number)

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