RHODES UNIVERSITY *Where leaders learn*

DEBIT ORDER INSTRUCTION FORM

STUDENT NAME:	STUDENT NUMBER:

PARENT/GUARDIAN/SPONSOR DETAILS

NAME:	
ADDRESS:	
ID NO:	CELL NO:
EMAIL:	ALT NO:

BANKING DETAILS OF PARENT/GUARDIAN/SPONSOR

NAME OF ACCOUNT HOLDER:	
BANK:	BRANCH:
ACCOUNT NO:	BRANCH CODE:

CALCULATION OF MONTHLY DEBIT ORDER PAYMENT

ANNUAL TUITION FEE: R	DEGREE/COURSE NAME:
ANNUAL RESIDENCE FEE: R	RESIDENCE NAME:
EXTRAS: R	E.G: HANDOUTS/SUBS/PRINTING ECT
OTHER: R	E/G: STUDENT NETWORK,ECT
LESS: R	DOWN PAYMENT/BURSARY/AWARDS/REBATE
TOTAL: R	÷ 11 MNTHS

I HEREBY INSTRUCT AND AUTHORISE RHODES UNIVERSITY TO DRAW AGAINST THE ABOVE-MENTIONED BANK ACCOUNT (OR ANY OTHER BANK OR BRANCH TO WHICH I MAY TRANSFER MY ACCOUNT) THE SUM OF: R _____ (AMOUNT IN WORDS) ON THE 1ST OF EVERY MONTH (FEBRUARY TO DECEMBER)

NB: CHANGES TO,OR CANCELLATION OF EXISTING DEBIT ORDERS MUST REACH THE FEES OFFICE BY THE 20TH OF EACH MONTH IN WRITING (EMAIL/FAX). DEBIT ORDER MUST BE APPLIED FOR ANNUALLY AND ONLY RUNS FOR 11 MONTHS OF THE YEAR

SIGNATURE OF ACCOUNT HOLDER:	DATE:
CAPACITY(MOTHER, FATHER,SELF):	SIGNED AT:

NOTE: IN RESPECT OF CURRENT ACCOUNTS, A CANCELLED CHEQUE MUST BE ATTACHED FOR BANK IDENTIFICATION PURPOSES. FOR TRANSMISSION ACCOUNTS, BANK CONFIRMATION IS REQUIRED THAT BANK DETAILS ARE CORRECT AND DEBIT ORDER MAY BE PROCESSED THROUGH THE ACCOUNT.

(A) BANK CERTIFICATE

IT IS CONFIRMED THAT THE BANK DETAILS LISTED HEREIN ARE CORRECT AND THAT DEBIT ORDER MAY BE PROCESSED THROUGH THIS ACCOUNT

BANK STAMP

SIGNATURE OF BANK OFFICIAL:	DATE:

CHECKLIST: PLEASE MAKE SURE THAT THE FOLLOWING DOCUMENTATIONS ARE ATTACHED TO THIS FORM

1. CANCELLED CHEQUE/3 MONTHS BANK STATEMENTS

2. ORIGINAL OR CERIFIED COPY OF PAY SLIP. IF SELF EMPLOYED, LETTER FROM ATTORNEY/ACCOUNTANT AND A 3 MONTH BANK STATEMENT

3. ORIGINAL OR CERTIFIED COPY OF ID

PLEASE READ THROUGH INFORMATION BELOW BEFORE SIGNING

IMPORTANT INFORMATION:

~ IF THE DEBIT ORDER IS NOT RECEIVED BY (Date) THE FIRST INSTALLMENT NEEDS TO BE PAID MANUALLY AND DEBIT ORDER WILL BE LOADED FOR 01/03/2019

~THE DEBIT ORDER MUST PROVIDE FOR FULL SETTLEMENT OF FEES

~ AFTER DEDUCTIONS OF MONTHLY INSTALLMENT FROM NET PAY,BALANCE OF R650 MUST REMAIN.

~ THE MONTHLY INSTALLMENT MUST BE LESS THAN 25% OF GROSS INCOME

~ IF THERE HAVE BEEN DISHONOURED DEBIT ORDERS IN THE PAST, PLEASE ATTACH A MOTIVATIONAL LETTER TO YOUR APPLICATION

~ THE FACILITY WILL BE CANCELLED IF DEBIT ORDERS ARE DISHONOURED. FULL SETTLEMENT OF BALANCE WILL BE REQUIRED UPON NOTIFICATION OF CANCELLATION.

~ DISHONOURED DEBIT ORDERS WILL ATTRACT A FEE OF R160.00 PER TRANSACTION

~ AN ITC REPORT WILL DETERMINE THE OUTCOME OF THE APPLICATION

EACH MONTH FROM 01 FEBRUARY TO 01 DECEMBER INCLUSIVE. **DEDUCTIONS WILL ONLY BE DONE ON THE 1ST OF EVERY MONTH**. ALL SUCH WITHDRAWALS FROM MY BANK ACCOUNT BY YOU SHALL BE TREATED AS THOUGH THEY HAD BEEN SIGNED BY ME PERSONALLY. I UNDERSTAND THAT THE WITHDRAWALS HEREBY AUTHORISED WILL BE PROCESSED THROUGH A SYSTEM KNOWN AS ACB MAGNETIC TAPE SERVICE AND I ALSO UNDERSTAND THAT THE DETAILS OF EACH WITHDRAWAL WILL BE PRINTED ON MY BANK STATEMENT. I AGREE TO PAY ANY BANK CHARGES RELATING TO THIS DEBIT ORDER INSTRUCTION. THIS AUTHORITY MAY BE CANCELLED BY ME BY GIVING YOU THIRTY DAYS' NOTICE IN WRITING, BUT I UNDERSTAND THAT I 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. RECEIPT OF THIS INSTRUCTION BY YOU SHALL BE REGARDED AS RECEIPT THEREOF BY MY BANK WHICHEVER IT IS OR WILL BE.

IF YOU DID NOT RECEIVE CONFIRMATION OF THE OUTCOME, PLEASE EMAIL DEBITORDERS@RU.AC.ZA TO CONFIRM RECEIPT AND APPROVAL OF YOUR DEBIT ORDER APPLICATION

NB - UNLESS ALL THE REQUESTED INFORMATION IS PROVIDED THIS APPLICATION CANNOT BE PROCESSED