

Debit Order Form

Personal Details

First Name * _____

Last Name * _____

Email * _____

Student Number * _____

Contact Number * _____

Debit Order Details

Bank Account Holder Name * _____

Bank Name * _____

Bank Account Number * _____

Bank Account Type* Savings Account Cheque Account

Bank Branch Code (or Name) * _____

Preferred Debit Order Date * 25th 30th 1st 7th 15th

Debit Order Amount (in Rand) * R _____

If you made an arrangement with your registrar to run the first debit order to include your registration fee, please complete the section below with the amount of the first debit order

Amount For This First Debit Order (in Rand) R _____

Debit Order Terms

By entering my details above I authorize Skills Academy , a division of Together We Pass (PTY)LTD to deduct the amount specified above from my bank account (or any other bank or branch to which I / We may transfer my / our account) on a monthly basis commencing on the above ticked payment date and on the same day of each successive month, on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above, provided that if the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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 and Mandate has been ceded to RealPay (Pty) Ltd as per your agreement with RealPay (Pty) Ltd, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

I acknowledge that I have read and agree to be bound by the above Debit Order Terms set out in the box above. If I represent a company or other juristic person I warrant that I have the authority to contract on behalf of that party.

I Accept the Debit Order Terms * Yes No

ID/Passport Number * _____

Name * _____

Today's Date * _____

Signature * _____