

DEBIT ORDER AUTHORITY AND MANDATE

Agreement between Rainbow Montessori Sch	ool ar	nd:										
NAME OF ACCOUNT HOLDER:												
PHYSICAL ADDRESS												
NAME OF CHILD/REN												
BANK ACCOUNT DETAILS: BANK NAME												
BRANCH NAME AND TOWN												
BRANCH NUMBER												
ACCOUNT NUMBER]
TYPE OF ACCOUNT: CURRENT (CHEQUE) / SAVINGS / TR * (DELETE WHERE NOT APPLICABLE)	ANSMI	ISSION	*	1			1	1	1			1
Date for Debit: 1 st of each month												
Abbreviated Short Name as registered with the Acquirir	ng bank	::	Rainb	ow								
RAINBOW MONTESSORI SCHOOL Cc - 2 Kapokberg Cres	cent <i>,</i> Tl	he Cre	st, Dur	banvil	lle, 75	50						
REFER TO OUR CONTRACT DATED * *Date from when Debit order will take effect				(("the A	Agreer	ment")				
I/We hereby authorise <u>RAINBOW MONTESSORI SCHOO</u> my/our abovementioned account at my/our abovemen The individual payment instructions so authorised to be terms of the Agreement is due and the amount of each The payment instructions so authorised to be issued, m and if provided to you should enable you to identify the section F before the issuing of any payment instruction	tioned issued individ ust carr Agree	bank. I, must ual pa ry a nu ment c	: be iss yment ımber, on you	ued ai instru which r bank	nd del Iction n num state	ivered may n ber m ment.	l mon lot dif ust be The s	thly or fer as inclue aid nu	n the c agreed ded in imber	late w d to in the sa shoul	vhen th terms aid pay d be a	ne obligation in s of the Agreement. yment instructions dded to this form in
I/We agree that the first payment instruction will be issu according to the agreement.	ued and	d deliv	ered o	on <u>1st</u>				<u>(Mo</u>	nth) 2	0	_ and [·]	thereafter regularly
If however, the date of the payment payment instruction may be debited					•	-	• •			public	c holid	ay) I agree that the
The date of the instruction falls on a may be debited against my account	•		0			•		• •	•	e that	the p	ayment instruction
Subsequent payment instructions will continue to be de	livered	l in ter	ms of t	this au	uthorit	y unti	l the o	obligat	ions ir	n term	ns of th	ne Agreement have

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than 1 CALENDER MONTH and sent by prepaid registered post or delivered to your address indicated above.

B. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had 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 also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate 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.

E. DISPUTES/PENALTIES

I/We agree that should amounts be refused/reversed/or unsuccessful by the acquiring bank, these costs will be for my/our own account. The amount charged for this penalty will be charged at R200.

Signed	on this	day of	(Month)	_2021
SIGNATURE AS USED FOR OPERATING ON THE	E ACCOUNT			

ASSISTED BY CAPACITY

FOR OFFICE USE

F. CONTRACT / AGREEMENT REFERENCE NUMBER

THE CONTRACT / AGREEMENT REFERENCE NUMBER IS: child name and surname