

## DEBIT ORDER FORM

ONLY TO BE COMPLETED BY THOSE SELECTING THIS PAYMENT OPTION

### AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

NAME OF ACCOUNT HOLDER \_\_\_\_\_ (“the Account Holder”)

NAME OF STUDENT \_\_\_\_\_ (“the Student”)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

**TO: THE SOUTH AFRICAN COLLEGE OF APPLIED PSYCHOLOGY (PTY) LTD (“SACAP”)**

Dear Sirs

I/we refer to our contract dated: \_\_\_\_\_

The details of my bank account (“the Account”) are as follows:

BANK \_\_\_\_\_

BRANCH NAME AND TOWN \_\_\_\_\_

BRANCH NUMBER/CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT CURRENT (CHEQUE) / SAVINGS / TRANSMISSION



CPT | DUR | JHB | PTA | ONLINE

Head Office: 5th Floor Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7708,  
South Africa 0860 77 11 11 info@sacap.edu.za [www.sacap.edu.za](http://www.sacap.edu.za)

I hereby agree to make due and punctual payment of all sums that may become due by me and/or the Student in relation to the Student's studies at SACAP and request, instruct and authorise SACAP to draw against the Account the monthly payment due in accordance with SACAP's pricing plan ("the Payment Amount")

on the 

1 <sup>st</sup>	25 <sup>th</sup>	last
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 day of each calendar month ("the Payment Day") commencing on

("the Commencement Date") and continuing until all amounts owed by me to SACAP in respect of the Student have been paid in full. In addition to the Payment Amount, SACAP shall be entitled to draw against the Account any arrears which may become due, owing and payable by me and/or the Student in terms of this Agreement. Should I transfer the Account to another bank or change the Account other than that which I have stipulated above ("the New Account"), I shall notify SACAP of such change and agree that SACAP shall be entitled to draw against the New Account on the same terms and conditions described herein.

I agree that on the first Payment Day of the next academic term immediately following the Commencement Date and on the first Payment Day of every successive academic term thereafter SACAP shall be entitled to adjust (increase or decrease as the case may be) the Payment Amount to reflect the monthly payment due in terms of SACAP's fees for the forthcoming academic term.

All withdrawals in terms of this Agreement from the Account by SACAP shall be treated as though they had been signed by me personally. I hereby authorise SACAP to issue and deliver payment instructions to SACAP's bank for collection against the Account ("the Payment instructions").

SACAP agrees to identify the Payment Instructions by a number linking the Payment Instructions to this Agreement.

I agree to pay any bank charges relating to this debit order instruction.

I hereby consent to and authorise SACAP to obtain my "consumer credit information" as defined in section 70 of the National Credit Act 34 of 2005 ("the NCA") from any credit bureau duly registered in terms of the NCA and to provide my "consumer credit information" to any such credit bureau.

I acknowledge that the Payment Instructions issued by SACAP shall be treated by my abovementioned bank as if the Payment Instructions had been issued by me personally.

I 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.

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

\_\_\_\_\_  
SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

\_\_\_\_\_  
ASSISTED BY

\_\_\_\_\_  
CAPACITY

**AGREEMENT REFERENCE NUMBER \*(FOR OFFICE USE ONLY)**

THE AGREEMENT REFERENCE NUMBER IS:

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