

17 January 2024

DEBIT ORDER FORM

ONLY TO BE COMPLETED BY THOSE SELECTING THIS PAYMENT OPTION

AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

NAME OF STUDENT ("the Student")				
NAME OF ACCOUNT HOLDER ("the Account Holder")				
ADDRESS OF ACCOUNT HOLDER				
CONTACT NUMBER OF ACCOUNT HOLDER				
PAYMENT AMOUNT	The monthly payment due in terms of SACAP's pricing plan			
PAYMENT DAY – please select	1 st	25 th	last	day of each calendar month
COMMENCEMENT DATE	The first day of the academic term from which a monthly debit order payment plan was selected			
ABBREVIATED NAME (As registered with the Bank)	SACAP			
AGREEMENT REFERENCE NUMBER	*(FOR OFFICE USE ONLY)			

TO: THE SOUTH AFRICAN COLLEGE OF APPLIED PSYCHOLOGY (PTY) LTD ("SACAP")

Dear Sirs

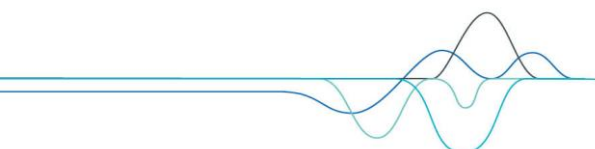
I/we refer to monthly debit order payment plan requested by the Student on their application and enrolment for study at SACAP, or at any subsequent re-enrolment for continuation of study (together "the Agreement").

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

BANK			
BRANCH NAME AND TOWN			
BRANCH NUMBER/CODE			
ACCOUNT NUMBER			
TYPE OF ACCOUNT – please select	CURRENT (CHEQUE)	SAVINGS	TRANSMISSION

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 issue and deliver payment instructions to SACAP's bank for collection against the Account ("the Payment instructions"), continuing until all amounts owed by me to SACAP in respect of the Student have been paid in full.

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



CPT | DUR | JHB | PTA | ONLINE

Head Office: 5th Floor Sunclare Building, 21 Dreyer Street, Claremont, Cape Town,
7708, South Africa 0860 77 11 11 www.sacap.edu.za

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.

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.

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 to pay any bank charges relating to this payment instruction, including any fees that may be charged by SACAP's Bank for unpaid debit orders.

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.

Mandate

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.

Cancellation

I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. 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.

Requests for cancellation must be directed to studentaccounts@sacap.edu.za and can only be actioned after all arrear amounts owing under the Agreement to date have been settled in full (this being in accordance with SACAP's other payment options which are prepayment only).

Assignment

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, 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 _____ 20_____

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

ASSISTED BY

CAPACITY

