



Somerset College

Debit order authorisation

A. Authority

Given by (name of account holder):	
Address:	
Bank:	
Branch and Code:	
Account Number:	
Type of Account (<i>delete that which is not applicable</i>):	Current (cheque) / Savings / Transmission
Amount:	Balance outstanding at the end of each month
Date:	
To:	Somerset College
Abbreviated Name as Registered with the Bank:	SOMCOL
Beneficiary's Address:	Somerset College, Bredell Road (Off R44), Somerset West, 7130
Student name and Surname	Student Ref no (Student ref no's will be allocated by the office for new students)

Debit orders will be processed on **8 January 2019** and thereafter on the 1st day of each month from 1 February until 1 November. **Tuition fees will be charged over 11 months.**

This signed Authority and Mandate refers to our contract dated: _____ ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have 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 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.

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, 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 _____

(Signature as used for operating on the account)

(Assisted By).

E. Agreement Reference Number

This Agreement reference number is (Use Somerset College account number) : _____



Somerset College

_____ Please print name
Credit card accounts cannot be accommodated.

REPLY SLIP

SOMERSET COLLEGE 2019 ACCOUNT PAYMENT OPTION

I/We would like to use the following option for my/our 2019 fee payment/s:

Please tick appropriate blocks

- Current Monthly - College Debit Order : Continue with current Debit Order Form.
- New Monthly - College Debit Order : Kindly complete and return Debit Order Form.
- Form.Monthly – Own Stop Order/Electronic Payment.
- Annual
- Termly
- Email address for account purposes: _____
- Please indicate if a printed Statement is also required at the end of each term.

STUDENT DETAILS:

Name & Surname: _____ Student no: _____ 2019 Grade: _____

1. _____

2. _____

3. _____

Please give any other details which you consider pertinent to setting up your account/s.

PARENT'S SIGNATURE

PRINT NAME

Kindly return to Lizelle Nel
Email: Lizelle.nel@somcol.co.za

SOMERSET COLLEGE NPC

Bredell Road (off the R44), Somerset West, 7130, South Africa PO Box 2440, Somerset West, 7129

PREPARATORY SCHOOL Telephone: +27 (0)21 842 8000 Facsimile: +27 (0)21 842 0052 Email: prep@somcol.co.za

SENIOR SCHOOL Telephone: +27 (0)21 842 8000 Facsimile: +27 (0)21 842 3908 Email: senior@somcol.co.za

www.somersetcollege.org