

STRATCOL USER NO: 9958  
STRATCOL USER NAME: Durbanville Primary School  
STRATCOL ABBREVIATED NAME: SCHOOLFEES  
(This will be the name appearing on your Bank statement)  
STRATCOL USER PHYSICAL ADDRESS:  
Weyers Avenue  
Durbanville



## DEBIT ORDER AUTHORISATION - 2022

### ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number \_\_\_\_\_ Name & surname / Company name \_\_\_\_\_

Address \_\_\_\_\_ Code \_\_\_\_\_

Contact details \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work)

Email address \_\_\_\_\_

If Company / CC – name of authorized person for signing this document \_\_\_\_\_

Account holder name \_\_\_\_\_ Bank \_\_\_\_\_

Branch code \_\_\_\_\_ Account number: \_\_\_\_\_

Account Type:  CURRENT  SAVING  TRANSMISSION  OTHER If "other" supply details: \_\_\_\_\_

Learner(s) – name(s) & surname \_\_\_\_\_

#### \* Recurring Transactions:

Day of month: Last working day of month  OR 5<sup>th</sup> day of following month

1<sup>st</sup> Collection date: dd \_\_\_\_ /mm \_\_\_\_ / 20 \_\_\_\_

Interval - monthly: \* School fees only (per learner) R 2,176.00   
\* School fees & aftercare (per learner) R 3,316.00

Annual Escalation: *As per approved budget for each year* Escalation Month: *January*

\* **Debit order needs to be cancelled in writing. Alternatively the debit order will end when the learner leaves at the end of Grade 7.**

I / We, the above mentioned and undersigned, hereby authorize StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to **Durbanville Primary School** above.

I confirm that I / we are the person(s) with signature authority as registered with my / our bank.

SIGNATURE (1): \_\_\_\_\_ SIGNATURE (2): \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

EFT  NAEDO

Client reference number: \_\_\_\_\_ Abbreviated Name: \_\_\_\_\_

NAEDO TRACKING (Please circle): `1D/ 2D/ 3D/ 4D/ 5D/ 6D/ 7D/ 8D/ 9D/ 10D/ 14D/ 21D/ 32D

**AGREEMENT**

I / we hereby authorize STRATCOL to issue and deliver payment instructions to my / our banker for collection against my / our abovementioned account at my / our abovementioned bank.

The individual payment instructions so authorized to be issued, must be issued and delivered according to the abovementioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorized to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us.

I / we agree that the first payment instruction will be issued and delivered as per collection instruction.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I / we agree that the payment instruction may be debited against my / our account on the previous business day.

**NAEDO**

Allows for tracking of dates to match with flow of credit at no additional cost to myself / ourselves. I / we authorize the originator to make use of the tracking facility as provided for in the EDO system at no additional cost to myself / ourselves.

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 **Durbanville Primary School** notice in writing of not less than the interval (as indicated on the authorization) and sent by prepaid registered post or delivered to his / her / its address indicated above.

**MANDATE**

I / we acknowledge that all payment instructions issued by **Durbanville Primary School** shall be treated by my / our abovementioned 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 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 **Durbanville Primary School**.

**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.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

SIGNATURE(S) AS USED FOR OPERATING ON THE ACCOUNT

\_\_\_\_\_