



College for Advanced Christian Education Kollege vir Gevorderde Christelike Opleiding

• Postnet Suite 145, Private Bag X1, Florida Hills, 1716 • Tel: 011 958 1250 • Fax: 011 958 1592 •
• Website: www.academyonline.co.za • email: biblecollege@littlefalls.co.za •
• Reg. no: 98 02802/08 •

STUDENT NAME: _____

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DATE:

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NAME & SURNAME (Of Debtor): _____

ADDRESS:

CONTACT NR:

TO: College for Advanced Christian Education
Postnet Suite 145
Private Bag X1
FLORIDA HILLS
1716

Dear Sir

The details of my/our bank account are as follow:

BANK: _____ **BRANCH NAME:** _____

BRANCH NUMBER:

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ACCOUNT NUMBER:

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TYPE OF ACCOUNT: CURRENT CHEQUE SAVINGS TRANSMISSION

I/We hereby request, "instruct" and authorise College for Advanced Christian Education (hereafter C.A.C.E.) to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R_____, "the amount necessary for payment of the monthly instalment/premium due in respect of the above mentioned agreement on _____ day of each and every month commencing on _____ and continuing until termination of our agreement (as the case may be). All such withdrawals from my/our bank account by C.A.C.E. shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawal hereby authorised will be processed by computer through a system known as the Bankserv Magnetic Tape Service and I/we also understand that details of each withdrawal will be printed on my/our bank statement or on an accompanying voucher.

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

I/We hereby understand that I/we will be held responsible for any debit order that fails to go through my/our bank account on any given month, for whatever reason, and that a double payment will be taken off the following month. Should payment of said debit order fail for two consecutive months C.A.C.E. reserves the right to request cancellation of debit order.

This authority may be cancelled by me/us by giving C.A.C.E. thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amount which C.A.C.E. has withdrawn while this authority was in force if such amounts were legally owing to C.A.C.E.

Receipt of this instruction by C.A.C.E. shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed _____ on this _____ day of _____ 20_____

SIGNATURE AS USED FOR SIGNING CHEQUES

ASSISTED BY CAPACITY

(Where legally necessary)

NOTE:

A cancelled cheque should be attached for the bank identification purposes (current account only).