

STRATCOL USER NO: 8565  
STRATCOL USER NAME: ALPHA EDUCATION SA  
STRATCOL ABBREVIATED NAME: ALPHAED  
STRATCOL USER PHYSICAL ADDRESS:  
3 DANIE THERON STR SE2, VANDERBIJLPARK 1911



## DEBIT ORDER AUTHORISATION

### ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number: \_\_\_\_\_ Name & Surname / Company Name: \_\_\_\_\_

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

Contact Details: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) If

Company / CC, Name of Person(s) signing this: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_ Bank: \_\_\_\_\_

Branch / Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:

Credit card payments are not accepted

### COLLECTION INSTRUCTION:

Interval:

Is this limited to fixed amounts, or to debits due in future that may vary?

Fixed amounts: ☐

Variable amounts: ☐

**Note: if variable, the amount(s) hereunder may be exceeded.**

\* **Once off transaction:**

Collection date: dd \_\_\_\_ / mm \_\_\_\_ / 20 \_\_\_\_ R \_\_\_\_ (Amount)

\* **Recurring transactions:** CONTINUE INDEFINATELY UNTIL CANCELLED BY DEBTOR? YES ☐ NO ☒

1<sup>st</sup> Collection date: dd \_\_\_\_ / mm \_\_\_\_ / 20 \_\_\_\_ R \_\_\_\_ (Amount)

Day of Month thereafter: \_\_\_\_\_ (1st, 5th, 15th, 25th) Please select one of these specified days

\* **If not indefinitely:** \_\_\_\_\_ (number of deductions) dd \_\_\_\_ / mm \_\_\_\_ / 20 \_\_\_\_ (Final date)

I / We, the above mentioned and undersigned, hereby authorise StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the Stratcol User 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 ☒

Client reference number: \_\_\_\_\_

STRATCOL USER NO: 8565

## **AGREEMENT**

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

The individual payment instructions so authorized to be issued, must be issued and delivered according to the above mentioned 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 following or previous business day.

## **MANDATE**

I / we acknowledge that all payment instructions issued by the Stratcol User shall be treated by my / our above mentioned bank as if the instructions had been issued by me / us personally.

## **CANCELLATION**

I / we agree that although this authority and mandate may be canceled 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 the Stratcol User.

## **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 YOUR BANK ACCOUNT

\_\_\_\_\_