



Debit Order Form



Prestigious Distance Education Worldwide



### DEBIT ORDER AUTHORISATION FORM

I Prof/Dr/Mr/Mrs/Miss \_\_\_\_\_ ( Full Name/s)

I.D. No \_\_\_\_\_

Residential Address \_\_\_\_\_ (No. & Street ) \_\_\_\_\_ ( Suburb )  
\_\_\_\_\_ ( City )

Postal Address \_\_\_\_\_ ( Suburb )  
\_\_\_\_\_ ( City ) \_\_\_\_\_ ( Postal Code )

Tel. No(\_\_\_\_) \_\_\_\_\_ ( Home ) (\_\_\_\_) \_\_\_\_\_ (Work ) (\_\_\_\_) \_\_\_\_\_ (Cell )

I, \_\_\_\_\_ (Full name), hereby, instruct and authorise CL Education to debit my bank account every month on the 1<sup>st</sup>/5<sup>th</sup>/25<sup>th</sup> of the month.

Month: \_\_\_\_\_ amount: R \_\_\_\_\_

Month: \_\_\_\_\_ amount: R \_\_\_\_\_

Month: \_\_\_\_\_ amount: R \_\_\_\_\_

Month: \_\_\_\_\_ amount: R \_\_\_\_\_

Initials:

All such debit order withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force and I am responsible for the full amount of R \_\_\_\_\_ owed to CL Education for material and services purchased.

#### **BANK DETAILS**

Account Holder \_\_\_\_\_ (Full Names )

Name of Bank \_\_\_\_\_

Branch Name \_\_\_\_\_

Branch Code \_\_\_\_\_

Account Number \_\_\_\_\_

Account type( e.g cheque/savings ) \_\_\_\_\_

Signed at \_\_\_\_\_ ( Town/City ) On this the \_\_\_\_\_ Day of Month \_\_\_\_\_ ( Year ) \_\_\_\_\_

Signature \_\_\_\_\_

Office Use:

Authorised Yes/No

Signature: