



Westville Senior Primary School

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WRITTEN AUTHORITY AND MANDATE FOR DEBIT ORDER PAYMENT INSTRUCTIONS FOR 2025

THIS FORM MUST BE COMPLETED AND RETURNED A.S.A.P. EMAILS WELCOMED.

LEARNER'S NAME/S _____ GRADE/S _____ (In 2025)

A. Authority

NAME OF ACCOUNT HOLDER _____

BANK _____

BRANCH CODE _____ BRANCH _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: **CURRENT (CHEQUE) / SAVINGS / TRANSMISSION**
(Delete that which is not applicable)

AMOUNT R _____

I/We hereby authorise you to 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 our School Fee Commitment Form signed annually. The individual payment instructions so authorized to be issued must be issued and delivered monthly for TEN (10) months as below. I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I/We also understand that details of each withdrawal will be printed on my bank statement with the identifying abbreviation **WESTVILLES** to enable identification of this Authority.

- On the **15th** of every month (or prior working day) beginning **February 2025** and ending **November 2025**.
- On the **25th** of every month (or prior working day) beginning **January 2025** and ending **October 2025**.
- On the **last working day** of every month beginning **January 2025** and ending **October 2025**.

In the event that the date falls on a weekend, or recognised South African public holiday, the payment will automatically be the previous business day.

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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.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.

Cancellation of this Authority must be received by our office in writing 21 days before this Authority is to be terminated.

SHOULD A DEBIT ORDER BE RETURNED FROM THE BANK FOR TWO (2) CONSECUTIVE MONTHS AS UNPAID, THE SCHOOL WILL DEEM IT TO BE CANCELLED AND THE ACCOUNT WILL BE IN DEFAULT.

Signed at _____ on this _____ day of _____

Signature on this Account _____

This agreement reference number is: _____ (to be filled out by school)