











Address: 69 Von Broembsen Rd, Fairleads, Benoni  
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**Annexure C**

Stratcol User: 9633

## ELECTRONIC PAYMENT INSTRUCTION (DEBIT ORDER)

**Debit Order Supporting Documents:**

**Latest Salary advice/Pay slip | 3 Month's Bank Statement**

FAMILY CODE / REFERENCE	
DEBTOR NAME	
DEBTOR ADDRESS	

Dear Sir / Madam,  
 My bank account details are as follows:

NAME OF ACCOUNT HOLDER			
BANK NAME			
BANK ACCOUNT NUMBER		BANK BRANCH NUMBER	
BANK BRANCH NAME			
TYPE OF ACCOUNT			
INSTALLMENT AMOUNT TO BE DEDUCTED (R)		DEBTORS PAY DATE:	
DATE FIRST INSTALLMENT SHOULD BE DEDUCTED		INTERVAL OF DEDUCTIONS: MONTHLY:	
DATE LAST INSTALLMENT SHOULD BE DEDUCTED		NUMBER OF DEDUCTIONS:	
INSCRIPTION ON BANK STATEMENT OF PAYER (this will be the name appearing on your bank account)		SCHOOLFEES	Underlying Agreement Reference

I hereby authorize SRATCOL on behalf of **SRATCOL** to issue and deliver a debit order payment instruction to your banker for collection against my above-mentioned account and Bank indicated above, on condition that the sum of each payment instruction and frequency of payment requests will never exceed the obligations as agreed and defined in the School Fee Agreement specified. I can only service the obligations defined in here if the payment instructions are executed as close as possible to when I receive my salary or wages which dates vary from month to month, especially during December of each year. To curb against (1) unpaid bank charges (2) losing the benefits described in the agreement quoted (3) incurring penalties due to non-payment, I explicitly authorise **SRATCOL** to utilise the functionality of Tracking supported on the EDO Payment Stream. Tracking supported on the EDO Payment Stream has been explained to me and I acknowledge that my above- mentioned account will be interrogated for a defined period until this period has lapsed or until payment was received.

I hereby agree that subsequent payment instructions will continue to be delivered in terms of this authority until all obligations have been paid. This authorization will remain in force until cancelled by me in writing. I hereby acknowledge that my bank will charge fees to my account as agreed with them once they process this instruction. I hereby agree and undertake to notify **SRATCOL** should I change my bank account or pay date stated above.

**This done at:** \_\_\_\_\_ **in the presence of the undersigned witness(es), on this the** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

\_\_\_\_\_  
 NAME OF ACCOUNT HOLDER

\_\_\_\_\_  
 SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
 NAME OF WITNESS ONE

\_\_\_\_\_  
 NAME OF WITNESS TWO

\_\_\_\_\_  
 SIGNATURE OF WITNESS ONE

\_\_\_\_\_  
 SIGNATURE OF WITNESS TWO