

RETURN BY 8 JANUARY 2016

DEBIT ORDER INSTRUCTION FORM 2016

Email: debitorders@ru.ac.za

P O BOX 94, GRAHAMSTOWN	I, 6140						
	Fax: 046 603 70	19	Website: www.ru.ac.za/fe				
(it					udent No.: student number is not provided, your application not be processed)		
PARENT / GUARDIAN / SI	PONSOR DETAILS						
Name:							
ID No: Cell No:		Phone No (H):		Phone No (H):			
Phone No(W):	Fax:			E-mail:			
Current Address:							
	egion:			Postal Code:			
Employment Information	/ Self Employed						
Current Employer:							
Employer Address:							
	mail:		Fax:				
Banking Details of Parent Name of Account Holder:	: / Guardian / Sponsor						
Bank::				Branch:			
Branch Code:		ACC No:					
Account Type: Cheque:	Savings	i i	Other (Specify):				
Account Type. Oneque.	Cavings	Authori					
Checklist:		Adtiion	ization				
	l manufactura de la manufactur					Т	
_	months bank statements py of pay slip. If self-employed, letter	from attorney/accou	untant and a 3 month hank state	ment			
3 Original or certified cop		from autorney/accor	untant and a 5 month bank state	inent.		-	
5 Original of certified cop	5, 01 12						
Important Informatio)n						
The debit order MUST After deduction of mon The monthly installmen If there have been dishe The facility will be can Dishonored debit order An ITC report will also	received by 08/01/2016 the first instal provide for full settlement of fees. athly installment from net pay – a balant must be less than 25% of gross incommon debit orders in the past, pleas celled if debit orders are dishonored. It is will attract a fee of R160.00 per train to determine the outcome of the application.	nnce of R650 must rome. se attach a motivatio Full settlement of bansaction	remain. onal letter to your application				
(B) Calculation of monthly	y debit order payment						
Annual Tuition Fee: R		Degree/Course Name:					
Annual Residence Fee: R		Residence Name:					
Extras: R		e.g.: Handouts/Subs/Printing/Photocopying etc:					
Other: R		e.g.: Student Network etc:					
LESS: R		20% Down payment/Bursary/Awards/Rebate (specify):					
TOTAL:		+ 11 months	s = R		Per month		
I hereby instruct and authorize Rhode	s University to draw against the above-me	ntioned bank account ((or any other bank or branch to whiceamount in words)	ch I may transfer my ac	ecount) the sum of: R		
account by you shall be treated as as ACB Magnetic Tape Service and debit order instruction. This author	o 01 December inclusive. No date, of a though they had been signed by me and I also understand that the details or ority may be cancelled by me by giving this authority was in force if such amore.	personally. I underst f each withdrawal w ng you thirty days'	tand that the withdrawals hereby vill be printed on my bank staten 'notice in writing, but I underst	authorized will be possible. I agree to pay a tand that I shall not be	processed through a system kn any bank charges relating to the be entitled to any refund of any	nis nounts	
<u>NB:</u> Changes to, or can	ncellation of existing debit or Debit orders mu		ch the Fees office by the 2 or annually and only run		-	x).	
Signature of account holder:					Date:		
Capacity (Mother, Father, Self):					Signed at:		
NOTE: In respect of current accounts, a cancelled cheque must be attached for bank identification purposes. For transmission accounts, bank confirmation is required that bank details are correct and debit orders may be processed through the account. (A) BANK CERTIFICATE It is confirmed that the bank details listed herein are correct and that Debit orders may be processed through this account.					BANK STAMP		
Signature of bank official:							
If you did not rece	ive confirmation of the outcome, plea	se email debitorders	s@ru.ac.za to confirm receipt an	nd approval of your	lebit order application	_	

 $\underline{\textbf{NB-UNLESS}} \ \textbf{ALL} \ \textbf{THE} \ \textbf{REQUESTED} \ \textbf{INFORMATION} \ \textbf{IS} \ \textbf{PROVIDED} \ \textbf{THIS} \ \textbf{APPLICATION} \ \textbf{CANNOT} \ \textbf{BE} \ \textbf{PROCESSED}$