

**2024 DEBIT ORDER INSTRUCTION FORM**

STUDENT NAME:		STUDENT NUMBER:	
<b>PARENT/GUARDIAN/SPONSOR DETAILS</b>			
NAME:			
ADDRESS:			
ID NO:		CELL NO:	
EMAIL:		ALT NO:	
<b>BANKING DETAILS OF PARENT/GUARDIAN/SPONSOR</b>			
NAME OF ACCOUNT HOLDER:			
BANK:		BRANCH:	
ACCOUNT NO:		BRANCH CODE:	
<b>CALCULATION OF MONTHLY DEBIT ORDER PAYMENT</b>			
ANNUAL TUITION FEE: R		DEGREE/COURSE NAME:	
ANNUAL RESIDENCE FEE: R		RESIDENCE NAME:	
EXTRAS: R		E.G: HANDOUTS/SUBS/PRINTING ECT	
OTHER: R		E/G: STUDENT NETWORK,ECT	
LESS: R		DOWN PAYMENT/BURSARY/AWARDS/REBATE	
TOTAL: R		÷ 11 MNTHS	
NB: CHANGES TO,OR CANCELLATION OF EXISTING DEBIT ORDERS MUST REACH THE FEES OFFICE BY THE 20TH OF EACH MONTH IN WRITING (EMAIL). DEBIT ORDER MUST BE APPLIED FOR ANNUALLY AND ONLY RUNS FOR 11 MONTHS OF THE YEAR			
<b>CHECKLIST: PLEASE MAKE SURE THAT THE FOLLOWING DOCUMENTATIONS ARE ATTACHED TO THIS FORM</b>			
1. A 3 MONTH BANK STATEMENT			
2. A COPY OF YOUR PAYSIP. IF SELF EMPLOYED, LETTER FROM ATTORNEY/ACCOUNTANT AND A 3 MONTH BANK STATEMENT			
3. A COPY OF YOUR ID			
4. A BANK CONFIRMATION LETTER			
<b>PLEASE READ THROUGH INFORMATION BELOW BEFORE SIGNING</b>			
~ IF THE DEBIT ORDER IS NOT RECEIVED BY 12 JANUARY 2024 THE FIRST INSTALMENT NEEDS TO BE PAID MANUALLY AND DEBIT ORDER WILL BE LOADED FOR 01/03/2024			
~THE DEBIT ORDER <u>MUST</u> PROVIDE FOR FULL SETTLEMENT OF FEES			
~ THE MONTHLY INSTALLMENT MUST BE LESS THAN 25% OF GROSS INCOME			
~ IF THERE HAVE BEEN DISHONOURD DEBIT ORDERS IN THE PAST, PLEASE ATTACH A MOTIVATIONAL LETTER TO YOUR APPLICATION			
~ THE FACILITY WILL BE CANCELLED IF DEBIT ORDERS ARE DISHONOURD. FULL SETTLEMENT OF BALANCE WILL BE REQUIRED UPON NOTIFICATION OF CANCELLATION.			
~ DISHONOURD DEBIT ORDERS WILL ATTRACT A FEE OF R247.00 PER TRANSACTION			
~ AN ITC REPORT WILL DETERMINE THE OUTCOME OF THE APPLICATION			
~ DEDUCTIONS WILL ONLY BE DONE ON THE 1ST OF EVERY MONTH			
<b>DECLARATION:</b> I HEREBY APPLY ON BEHALF OF THE APPLICANT IN MY PERSONAL CAPACITY FOR HIS/HER REGISTRATION AS A STUDENT AT THE UNIVERSITY AND HEREBY BIND MYSELF AS SURETY AND PRINCIPAL CO-DEBTOR FOR ALL FEES DUE AND PAYABLE OWING TO THE UNIVERSITY. I WILL BE PERSONALLY LIABLE FOR THE PAYMENT OF ALL FEES, WHICH MAY BECOME DUE TO THE UNIVERSITY IN TERMS OF THIS APPLICATION. I UNDERSTAND THAT RECORDS AND ACADEMIC RESULTS CAN AND MAY BE WITHHELD IF I FAIL TO PAY THE FEES DUE WITHOUT ANY PREJUDICE TO ANY RIGHTS, WHICH THE UNIVERSITY MAY HAVE IN RECOVERY OF SUCH FEES. IN THE EVENT OF THE UNIVERSITY SUCCESSFULLY INSTITUTING LEGAL ACTION AGAINST ME FOR THE RECOVERY OF ANY AMOUNTS OWING, DUE AND PAYABLE OR THE ENFORCEMENT OF ANY RIGHTS OF THE UNIVERSITY, I SHALL BE LIABLE TO PAY ALL LEGAL FEES ON AN ATTORNEY AND CLIENT SCALE, INCLUDING COLLECTION COMISSION AND INTEREST. I DECLARE THAT THE INFORMATION SUPPLIED BY ME ON THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.			
I HEREBY INSTRUCT AND AUTHORISE RHODES UNIVERSITY TO DRAW AGAINST THE ABOVE-MENTIONED BANK ACCOUNT (OR ANY OTHER BANK OR BRANCH TO WHICH I MAY TRANSFER MY ACCOUNT) THE SUM OF: R _____ (AMOUNT IN WORDS) ON THE 1ST OF EVERY MONTH (FEBRUARY TO DECEMBER)			
SIGNATURE OF ACCOUNT HOLDER:		DATE:	
CAPACITY(MOTHER, FATHER, SELF):		SIGNED AT:	