



2026 DEBIT ORDER INSTRUCTION FORM

STUDENT NAME:		STUDENT NUMBER:	
PARENT/GUARDIAN/SPONSOR DETAILS			
NAME:			
ADDRESS:			
ID NO:	CELL NO:		
EMAIL:	ALT NO:		
BANKING DETAILS OF PARENT/GUARDIAN/SPONSOR			
NAME OF ACCOUNT HOLDER:			
BANK:	BRANCH:		
ACCOUNT NO:	BRANCH CODE:		
CALCULATION OF MONTHLY DEBIT ORDER PAYMENT			
ANNUAL TUITION FEE: R	DEGREE/COURSE NAME:		
ANNUAL RESIDENCE FEE: R	RESIDENCE NAME:		
EXTRAS: R	E.G., HANDOUTS/SUBS/PRINTING, ETC.		
OTHER: R	E/G: STUDENT NETWORK, ECT.		
LESS: R	DOWN PAYMENT/BURSARY/AWARDS/REBATE		
TOTAL: R	÷ 11 MNTHS		
NB: CHANGES TO OR CANCELLATIONS OF EXISTING DEBIT ORDERS MUST REACH THE FEES OFFICE BY THE 20TH OF EACH MONTH IN WRITING (EMAIL). DEBIT ORDERS MUST BE APPLIED FOR ANNUALLY AND ONLY RUN FOR 11 MONTHS OF THE YEAR			
CHECKLIST: PLEASE MAKE SURE THAT THE FOLLOWING DOCUMENTATIONS ARE ATTACHED TO THIS FORM			
1. A 3-MONTH BANK STATEMENT			
2. A COPY OF YOUR PAYSリップ. IF SELF-EMPLOYED, A LETTER FROM AN ATTORNEY/ACCOUNTANT AND A 3-MONTH BANK STATEMENT			
3. A COPY OF YOUR ID			
4. A BANK CONFIRMATION LETTER			
PLEASE READ THROUGH THE INFORMATION BELOW BEFORE SIGNING			
~ IF THE DEBIT ORDER FORM IS NOT RECEIVED BY 16 JANUARY 2026, THE FIRST INSTALMENT NEEDS TO BE PAID MANUALLY, AND THE DEBIT ORDER WILL BE LOADED FOR 01/03/2026			
~ THE DEBIT ORDER <u>MUST</u> PROVIDE FOR THE FULL SETTLEMENT OF FEES			
~ IF THERE HAVE BEEN DISHONORED DEBIT ORDERS IN THE PAST, PLEASE ATTACH A MOTIVATIONAL LETTER TO YOUR APPLICATION			
~ THE FACILITY WILL BE CANCELLED IF DEBIT ORDERS ARE DISHONoured. FULL SETTLEMENT OF BALANCE WILL BE REQUIRED UPON NOTIFICATION OF CANCELLATION.			
~ DISHONOURING DEBIT ORDERS WILL ATTRACT A FEE OF R259.00 PER TRANSACTION			
~ AN ITC REPORT WILL DETERMINE THE OUTCOME OF THE APPLICATION			
~ DEDUCTIONS WILL ONLY BE MADE ON THE 1ST OF EVERY MONTH			
DECLARATION: I HEREBY APPLY ON BEHALF OF THE APPLICANT IN MY 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 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 COMMISSION 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:	