THE PARKTONIAN
FOUNDATION TRUST
(IT7988/78)
PBO No: 930026928

Parktown Boys' High School
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Bank Debit Order Instruction In Respect of Services Agreement

BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY

Name & Surname _____ Date : _____

Address : _____ Contract No. : _____

_____ Debit Amount : _____

_____ Commencement Date : _____

Contact No: _____ Abbreviated name as registered with the bank: **Parktonian Foundation Trust**

Dear Sirs/Madams

The details of my/our account are as follows:

BANK : _____

BRANCH TOWN : _____

BRANCH NO.: _____

ACCOUNT NAME. : _____

ACCOUNT NO. : _____

TYPE OF A/C : _____

(savings,current, transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

Trustees: Alastair Walker (chairman), Mark Botha, Marc Desfontaines, James Wellsted, Gary Scott, Thuto Motsie, Brian Dennehy

The individual payment instructions so authorised to be issued must be issued and delivered as follows :

On the **28th** day ("payment day") of each and every month commencing on_____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentionedbank as if the instructions had been issued by me/us personally.

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.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to 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 Authorityand Mandate cannot be assigned to any third party.

Signed at_____on this_____day of_____2024__

Submit

_____

Sign above here

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

Assisted by:
FOR OFFICE USE
AGREEMENT REFERENCE NUMBER
This Agreement reference number is: _____

ARISE

Yours sincerely



ALASTAIR WALKER
Chairperson