



DEBIT ORDER CONSENT FORM

PERSONAL DETAILS OF CLIENT

Surname			
First names			
ID/Passport number			
Physical address			
Postal address			
Contact details	Cell		Work
	Fax		Home
e-mail address			

BANKING DETAILS OF CLIENT

Name of account holder											
Name of bank											
Branch name											
Branch code											
Account number											
Account type	CHEQUE			TRANSMISSION			SAVINGS			OTHER	
Credit card number											
Credit card type	MASTER			VISA			AMEX			OTHER	
Last 3 digits of card no							Credit card expiry date				

Full Names of Students	1		Grade		Amount	
	2					
	3					
	4					
					Total	

COLLECTION INSTRUCTION – Please tick the applicable

Once-off deductions	<input checked="" type="checkbox"/>	If once-off, complete only date of 1 st deduction	D	D	M	M	Y	Y	D	D	M	M	Y	Y	
Recurring deductions	<input checked="" type="checkbox"/>	Date of first deduction	D	D	M	M	Y	Y	AMOUNT R	0	0	0	0	0	0
		Date of second deduction	D	D	M	M	Y	Y	AMOUNT R	0	0	0	0	0	0
		Recurring amount to be deducted per month after second deduction above								AMOUNT R	0	0	0	0	0
		How many successive months after second deduction above											0	0	
		Deduction day in the month (e.g. 1 st or 7 th)											0	0	
		If applicable, last deduction date	D	D	M	M	Y	Y							
	If applicable, amount if different from the recurring amount above								AMOUNT R	0	0	0	0	0	
Annual escalation thereof		%													

I/We, the client or the duly authorised representative thereof ("the CLIENT"), hereby authorise the entity mentioned below ("Wonderworld/Fernhill"), STRATCOL LTD and/or its agents, to collect by means of electronic debit from the above account in the name of the CLIENT at the same or any other bank, all or any monies due by the CLIENT to Wonderworld/Fernhill, as the principle debtor or for any other reason, and to pay the same to Wonderworld/Fernhill. The authority so given is restricted to the amount mentioned above and may be deducted on the mentioned 7 working days thereafter. I accept the following to be applicable hereto:

1. This authorisation may only be withdrawn within 30 (thirty) days written notice to Wonderworld/Fernhill at its physical address.
2. I and/or the CLIENT, individually and collectively hold harmless Wonderworld/Fernhill, STRATCOL LTD and/or its agents against any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorisation and irrespective whether such authorisation had been withdrawn or not.
3. In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that the fee of R_____ will be debited against the CLIENT's account by the bank and Wonderworld/Fernhill relating to the return of the debit and I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time).
4. Any reference to the entities above includes a reference to any successor in title or appointment.
5. This authorisation is not an amendment to any specific arrangement regarding payment of accounts and serves merely as an arrangement as a method of payment, in part or in full, and any account with Wonderworld/Fernhill needs only to be credited once actual payment is received by Wonderworld/Fernhill, and should any dispute arise about Wonderworld/Fernhill's right to collect any amount in terms hereof, the CLIENT shall have the onus to instruct his bank to refuse or return any debit as unpaid.

Name		Signature		Date	d	d	m	m	20__
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STRATCOL REF	0	0	0	0
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