

**Stimulation Centre for Children with Severe Disabilities**

25A Bernard Street, Poortview, Roodepoort - Tel: 078 571 9096 - Reg No. 034-468 NPO

[www.pathwaysroodepoort.org.za](http://www.pathwaysroodepoort.org.za) / [sunette@pathwaysroodepoort.org.za](mailto:sunette@pathwaysroodepoort.org.za)

**MONTHLY CENTRE FEES DEBIT ORDER FORM**

Parent Name & Surname:			
Child Name & Surname:			
Address:			
Signatory Name:		Date:	
Contact Tel no:		Fax No:	
Email Address:		ID No:	

Abbreviated name as registered with the bank: PATHWAYS

The details of my bank account are as follows

Bank:		Branch/Town:	
Branch No:		Account Name:	
Account No:		Account Type:	
			Savings/Transmission/Chq

I/we hereby request and authorize you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) all fees as indicates below and as may be adjusted yearly.

•	Amount in Rands	Amount in Words
	R5490.00 per month	School Fees (Five Thousand one hundred and Thirty Rand Only)
	R6840.00 per month	School Fees with Aftercare (Six Thousand Three Hundred and Ninety Rand Only)
	<b>R</b>	<b>Total Fee Amount to be debited each month during 2024</b>

My/our preferred payment date is

<input type="checkbox"/>	27 <sup>th</sup> of each month	<input type="checkbox"/>	1 <sup>st</sup> of each month
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I/We hereby authorize 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 30 calendar days.

Should such fees increase/decrease at any stage I/We authorize Pathways Roodepoort to adjust the amount to be debited. I/We authorize and instruct Pathways Roodepoort to debit the total of any amount owed by me/us to Pathways Roodepoort.

I/We agree to pay any banking charges relating to this debit order instruction. In the event that payment day falls on a Saturday, Sunday or a recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorized 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 mentioned bank 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 Authority and Mandate cannot be assigned to any third party.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**SIGNATURE AS USED TO IDENTIFY ME/US AT THE ABOVE BANK**

On completion forward original to Pathways Roodepoort.

**All communication related to this debit order must be done in writing, dated and signed.  
Note 30 Day notice period**



reaching for our highest Potential