



Bank Debit Order Instruction / Credit Card Authority	
Name & Surname (<i>Oldest learner</i>):	Date:

Address:	

Debit amount: <i>(Refer to Annexure A)</i>		Commencement Date:	
Contract number: <i>(Account no/ Family no):</i>		Abbreviated name as registered with the bank:	BERGLAND

Dear Sirs / Madams,

The details of my / our account are as follows (*either Bank account or Credit Card account*):

Bank Account		Credit Card Account	
Account name:		Cardholder's name:	
Bank:		Card number:	
Branch town:		Card expiry date:	
Branch no:		CVV number:	
		<i>(Three-digit number on back of card)</i>	
Account No:		Card type:	
Type of account:		<i>(Master card / Visa)</i>	
<i>(Cheque / Savings / Current / Transmission)</i>			

This signed Authority and Mandate refers to section 40 of the South African Schools Act. I / We hereby authorized 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.

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

Monthly (Tick applicable date)	Payment Day							
	15th		25th		Last day		1st day	

The first payment will commence 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.

I / We hereby authorised that the Debit Order can be increased on an annual basis on the anniversary of the commencement date. The increase shall be in accordance with the requirements of the South African Schools Act that requires school fees to be approved by the parents at the annual general meeting.

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 at _____ on this _____ day of _____ 20__

SIGNATURE (AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS)

Annexure A: Calculation of monthly Debit Order

Grade	Fees 2023	Debit order (A) 10 months	Debit order (B) 12 months	Number of learners (C)	12 Months (A x C) Rand	10 Months (B x C) Rand
Gr R	R 16 664	R 1 667	R 1 389			
Gr R* <i>(If deposit paid)</i>	R 16 664 – R 995	R 1 567	R 1 306			
Gr 1-6	R 14 997	R 1 500	R 1 250			
Gr 1* <i>(If deposit paid)</i>	R 14 997 – R 995	R 1 401	R 1 167			
Gr 7	R 14 997	R 1 401				
After Care	R 13 140	R 1 314	R 1 095			
Gr R – Mattress	R 200	R 20	R 17			
Account balance <i>(If applicable)</i>		Divided by 10	Divided by 12			
Total of monthly debit order <i>(Carry over to page 1)</i>		Divided by 10	Divided by 12			

* The deposit of **R995** paid should be deducted from monthly Debit Order. Please confirm that the **R995** is reflected on your account statement.

FOR OFFICE USE	
Assisted by <i>(if applicable)</i>	_____
Family code confirmed	_____
Captured on SAGE by	_____
Date	_____