MIDRAND
GRADUATE INSTITUTE

DEBIT ORDER INSTRUCTION

Student Particulars

Title _____ Student number _____

First name _____ Surname _____

Postal address _____

_____

_____ Email _____

Tel (H) _____ Tel (W) _____

Cell _____ ID No. _____

Sponsor/Account Holder Particulars *(Must be completed)*

Title _____ First name _____ Surname _____

Postal address _____

_____

_____ Email _____

Tel (H) _____ Tel (W) _____

Cell _____ ID No. _____

Bank _____

Name of account holder _____

Type of account Cheque ☐ Transmission ☐ Savings ☐

Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch code ☐☐☐☐☐☐☐☐

Branch name _____

I / We hereby request and authorise MGI to draw against my /our account with the above mentioned bank, the sum of R_____ (amount in words) _____ _____ "the amount necessary for payment of the monthly instalment in respect of the abovementioned agreement" on the _____ day of each month commencing on _____ and continuing for a(n) _____ month period ending on the _____.

If these banking details have not been provided accurately, or if the details change at any time in the future and I/We fail to notify MGI of such changes or if payment is not made in accordance with a debit order instruction, the responsibility of payments will rest with me/us.

I/We agree to pay any bank charges relating to this debit order instruction.

I/we understand that I/We shall not be entitled to any refund of amounts which have been withdrawn while this authority was in force if such amounts were legally owing to MGI.

Signed at _____ on this _____ day of _____.

Account Holder's Signature _____