

DEBIT ORDER AUTHORISATION: FLEXIBLE DEBIT ORDER DATE FOR EFT PAYMENT STREAM

SECTION A – HOLDER OF THE AUTHORITY AS BENEFICIARY

St Francis College NPC. Address of Beneficiary: 32 Park Street, Benoni, Gauteng, 1500. Telephonic Contact particulars of Beneficiary: 010 035 0947.
St Francis College NPC trading as St Francis College uses Amplifin (Pty) Ltd (Amplifin) as PASA Authorised System Operator for access to the EFT Payment Stream.

SECTION B – PAYER CONTACT DETAILS:

ID Number													
Name													
Cell Number:								Client Number:					

SECTION C – PAYER BANKING DETAILS:

Name of Bank													
Bank Code													
Account Type				Savings			Cheque			Other			
Account number													
Inscription on Bank Statement of Payer	STFRANCIS												

SECTION G – AUTHORIZATION

I hereby authorise the Holder of the Authority as Beneficiary to issue and deliver debit order payment instructions to Amplifin as your System Operator for collection against my above-mentioned Bank and account indicated above on condition that the sum of each payment instruction and frequency of payment requests will never exceed the obligations as agreed and defined in the Agreement specified.

This is a Flexible Date Mandate. I can only service the obligations defined in here if the payment instructions are executed as close as possible to when I receive my salary or wages which dates may vary from month to month, especially during December of each year. To curb against (1) unpaid bank charges (2) losing the benefits described in the agreement specified above (3) incurring penalties due to non-payment; I explicitly authorise the Holder of the Authority as Beneficiary to align the Presentment Date or Day to coincide with when I receive my salaries or wages.

I hereby agree that subsequent Payment Instructions will continue to be delivered in terms of the Authority until all undertakings to repay in terms of the agreement specified above have been made. This authorisation will remain in force until cancelled by me in writing. I hereby acknowledge that my bank will charge fees to my account as agreed with them once they process this instruction

I foresee that I may change my bank account with my existing bank during the course of the agreement specified above, and therefore upon receipt of my new bank account particulars, I authorise and grant the required consent to the Holder of the Authority as Beneficiary and Amplifin as System Operator or the assigned third party, to update their centralised systems and to debit my new bank account and to attach such new information, to this signed Authority as annexure, and the attached annexure must be read together with this Authority to debit my bank account, by my new bank, even where such attached annexure is not signed by me. With such consent granted, this Authority to debit my bank account will not lapse once my new bank account details have been obtained.

SECTION H – ASSIGNMENT, NOTIFICATION AND NEW AUTHORITY

Should the Agreement be ceded or assigned to any third party, I agree and authorise the cession and assignment of this Authority to such new third party.

SECTION I - PROTECTION OF PERSONAL INFORMATION ACT, NO. 4 of 2013: CONSENT GRANTED

I herewith consent to the receipt, storage, and processing of my Personal Information, as agreed to in the respective Agreements and Amplifin’s centralised register referenced herein, and in addition as set out in here, amongst others, for the purposes of facilitating collections by Amplifin.

Any Personal Information passed on to Amplifin by me as the authoriser of the mandate and stored by Amplifin in its centralised register for the purposes of facilitating collections will only be used by Amplifin when:

- 1. the law and the Payment Association of South Africa rules require Amplifin to do so;
- 2. required to detect, prevent, and report theft, fraud, money laundering, and other crimes;
- 3. it is in the public interest to do so;
- 4. Amplifin’s interests require disclosure, for example, a default or breach of this Agreement or to communicate my updated account details to Holders of Authorities as Beneficiaries;
- 5. required to facilitate collections of the Holder of the Authority;
- 6. required to process Payment Instructions; and
- 7. required to report the outcome of payment instructions processed to Credit Bureaus, being either paid, unpaid, disputed, a mandate being suspended, or a mandate being cancelled.

Signature of the Payer X _____ **Date** _____