

SECTION 6: METHOD OF PAYMENT - Please refer to the payment plan provided by the student consultant

EARLY BIRD FEE R

PAYMENT PLAN	Normal fee	R	<input type="text"/>
	Deposit	R	<input type="text"/>
	Additional costs	R	<input type="text"/>
	Monthly instalment	R	<input type="text"/>
	Number of instalments		<input type="text"/>
	Amount paid now	R	<input type="text"/>

BANK DEPOSITS

BANKING DETAILS:

Account Name: Damelin Correspondence College (Pty) Ltd – Johannesburg
Bank: FirstRand Bank Ltd
Branch Code: 204109
Account No: 62275014919
Type of Account: Cheque Account
Reference No.: Your ID Number (This is very important)

POSTAGE: Students residing outside South Africa are required to pay the additional cost of postage and handling.

Please indicate who will be paying the monthly instalments:

Student Third Party

NOTE:

- When paying via Easy Payment Plan, Debit Order details are compulsory
- Terms of Easy Payment Plan option subject to credit vetting and affordability approval

Payment Form

Please choose one of the following payment methods and complete in full:

Student Name & Surname

Student Number

Finance Account Number

Type of Account: Full Cash Payment Credit Card Debit Order

Phone Numbers of Payer:

Work

Home

Cell

Debit Order Application

***Please attach a copy of your most recent salary advice.**

Name of Bank

Branch Code (first 6 digits)

Branch Name

Account Number

Type of Payment: Credit Card Cheque Savings Transmission

Name of Account Holder

Signature of Account Holder

Abbreviated Name as Registered with PM8@DCC...

Date: 15 25 31 1

Signature of Spouse (if married in Community of Property)

I hereby authorise Damelin Correspondence College to deduct from the specified account via the bank's debit order system, the monthly instalment or other amount, if specified, for the chosen programme. I understand that I have the right to stop the debit order and I will become liable for the continuance of such payments until the account is paid in full and/or this Authority/Mandate is terminated by me giving you notice in writing of not less than 20 (twenty) ordinary working days, sent by prepaid registered post or delivered to your address as indicated above. I further understand that should there be insufficient funds in my account to meet the obligation, Damelin Correspondence College is authorised to track my/our account and represent the instruction for payment as soon as sufficient funds are available. I further acknowledge that Damelin Correspondence College has the right to add charges for every returned or unpaid debit order and that the maximum instalment amount may be up to 1.5 (one and a half) times the instalment amount. If my debit order collection method is unsuccessful in 2 (two) consecutive months, then Damelin Correspondence College reserves the right to claim the full fee outstanding.

Amount: R
*Please attach a copy of your most recent salary advice

Salary Date:
First deduction date:
(Debit order to be deducted monthly on salary payment date)

** Please take note that your agreement reference number will be your student number **

I understand that the date adjustment rule is applicable and if the chosen payment date falls on a weekend or public holiday the amount will be deducted from my account on the preceding bank day. I also understand that if I do not supply all the relevant information or the correct information, I cannot hold Damelin Correspondence College responsible for non-payment of my account.

Signed at on this day of
Signature of Account Holder:

I acknowledge that all payment instructions issued by Damelin Correspondence College shall be treated by my above-mentioned bank as if the instructions have been issued by me personally. I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I also understand that I cannot reclaim amounts that have been withdrawn from my account (paid) in terms of this Authority and Mandate if such amounts were legally owing to Damelin Correspondence College.

I understand that my/our bank may send me/us an instruction to authenticate this Mandate to enable the use of the DebiCheck payment stream and should such authentication fail, this payment instruction may be processed in the NAEDO or EFT payment stream.

In order to process this debit order payment instruction, I acknowledge and grant consent that my personal information (inclusive of my name, identity number, account details as well as other relevant information contained in this Authority/Mandate) may be used by Paym8 (Pty) Ltd, the debit order facilitation service provider, located at Thornhill Office Park, Bekker Road, Midrand.

I further grant consent that the aforementioned information may be stored by the debit order facilitation service provider or its partners and that the information may be distributed to the relevant South African Banking Institutions for processing purposes. I agree and acknowledge that a record of this information may be kept for a period of 5 (five) years after completion and/or cancellation of this debit order. I acknowledge that the provision of this information is mandatory and a failure to provide such information will lead to an inability to process this debit payment instruction. I further acknowledge that I have the right to object and to lodge a complaint as contained in the Protection of Personal Information Act 4 of 2013.

I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party. I acknowledge that if debit orders are not deducted as per my instruction that it will still be my onus to ensure that payment is made to Damelin Correspondence College in respect of any outstanding amounts due to Damelin Correspondence College.

Credit Card Payments

I, the undersigned, hereby authorise Damelin Correspondence College to deduct the specified amount from my credit card - details depicted below

Credit Card: Master Visa Diners American Express

Credit Card Number

Card Holder Name

Expiry Date m m yy

Signature of Account Holder

Signature Date

CSV Number (last 3 digits on back of card)

Amount (lump sum)

Credit Card Instructions: Straight

Number of Months: Budget 6 12 18 24

ID Number of Card Holder

I acknowledge that the information provided above is true and correct, and hereby sign this page as proof thereof.

Sign here

