



**DEBIT ORDER INSTRUCTION**

**STUDENT DETAILS**

NAME AND SURNAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

BOOKING REF. NO.           Please ensure that you enter the correct booking reference number as IBTC will not be liable for any inaccurate processing

ADDRESS \_\_\_\_\_

CELL NO.

POSTAL CODE

HOME NO.

WORK NO.

**BENEFICIARY DETAILS (WHO IS PAYING FOR YOUR STUDIES)**

NAME AND SURNAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP WITH STUDENT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL NO.

**BANKING DETAILS**

BANK  If other, please specify: \_\_\_\_\_

BRANCH NAME \_\_\_\_\_ BRANCH NO. \_\_\_\_\_

ACCOUNT NUMBER

TYPE OF ACCOUNT    CURRENT     SAVINGS     **NO CREDIT CARDS**

I hereby instruct and authorise IBTC, the abbreviated name as registered with the bank, using reference INTBUSTRAI, to draw against my account with the above mentioned bank (or any other bank or branch to which I may transfer my account). A deposit is required towards the total invoice cost for debit order processing.

R           on the 1st  15th  25th  Last  (day of the month)

Please ensure that the start date allows us at least 14 days to process your first debit order. If we are unable to process due to an inappropriate date being selected, we will debit the next available date and continue to debit on the date originally selected from the next month.

TOTAL INVOICE AMOUNT \_\_\_\_\_

starting                      and ending after  occurrences.

Last D/O

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## DEBIT ORDER INSTRUCTION

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### AUTHORITY:

I hereby authorise you to issue and deliver payment instruction to your Bank for collection against above-mentioned account at the above-mentioned Bank (or any other Bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement and commencing on the start date given above and continuing until this Authority and Mandate is terminated by me by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my 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.

Payment instructions due in December may be debited against my account on **15 December**.

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form as the Booking Reference Number before issuing any payment instruction.

I understand that IBTC uses the Debi-check system to process Debit Order mandates and that I will need to authorise the debit order mandate on initiation via SMS or my banking app.

Please accept the SMS that will be sent to you once the Debit order has been raised in our system.

### MANDATE:

I acknowledge that all payment instructions by you shall be treated by my above-mentioned Bank as if the instructions have been issued by me personally.

### CANCELLATION:

I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I 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 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 certify that the above information is true and correct.
- I have read and agree to the above terms.
- I agree to authorise the debit order mandate with my bank upon initiation of the debit order payment plan.

NAME (IBTC STUDENT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE 

D	D	M	M	Y	Y	Y	Y
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NAME (BANK ACCOUNT HOLDER) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE 

D	D	M	M	Y	Y	Y	Y
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**SUBMIT FORM**

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### FOR OFFICE USE ONLY

IBTC NAME \_\_\_\_\_ DESIGNATION \_\_\_\_\_

DATE \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_

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EMAIL to [accounts@ibtc.co.za](mailto:accounts@ibtc.co.za)

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