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IBTC International Business Training College
First Floor, South West Wing, 198 Oxford Rd, Illovo, 2116
3 Roeland Square, Cnr Roeland Street and Drury Lane,
Cape Town, 8001

# DEBIT ORDER INSTRUCTION

**NAME AND SURNAME** _____

**ID NUMBER** _____ **IBTC INVOICE NR.** _____

**ADDRESS** _____

**CELL NUMBER** _____

**BANK** _____

**BRANCH NAME** _____

**BRANCH NUMBER**_____

**ACCOUNT NUMBER** | | | | | | | | | | | | | | | | | |

**TYPE OF ACCOUNT** CURRENT / SAVINGS (circle one)

I hereby instruct and authorise IBTC to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account):

R_____ (amount in words_____)

on the _____1st / 15th / 25th (circle one).

starting _____(month)

and ending _____ (month)
or continuing until termination of our agreement or until cancelled by me in writing.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me by giving you thirty days' notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank.

I acknowledge that the party hereby authorised to effect the drawing(s) against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this authority to any third party without prior written consent of the authorised party.

Signed at _____ on this _____ day of _____ year _____

_____
Signature

**FAX to 0866 25 12 62 or EMAIL to info@ibtc.co.za**