



Cape Peninsula University of Technology

OFFICE USE ONLY

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Contract Number

Student number

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Surname & Initials

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ACKNOWLEDGEMENT OF DEBT:

I hereby acknowledge that I am legally indebted to the Cape Peninsula University of Technology in the total sum amount of:
 I agree that should I, for any reason whatsoever, default to pay off the installments as set out herein; the University shall have the right to make this agreement an order of the court without having to notify me first.
 I further acknowledge that the arrangement to pay the above mentioned amount only serves to facilitate my commitment to settle the outstanding debt within the prescribed period set. This does not include the release of results/academic transcripts, certificates, or guarantees any future registration unless the account is paid in full.

 Signature of Account Holder Student's signature

Full Name of Account Holder _____

Contact Telephone (office hours) _____ Cell phone No _____

E-mail Address (Student) _____

E-mail Address (Account Holder) _____

Bank account details for Debit Order (Please provide bank account details – this form cannot be used for bond account payments)																						
Account Holder	_____																					
Bank Name	Account Number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
Branch Code	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							Branch Name	_____													
Type of Account	Current (Cheque) <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>																			

I, the undersigned, hereby agree to a monthly deduction of R.....and duly authorise the Cape Peninsula University of Technology to debit my bank account for the same as from (salary date)...../...../20.....with the final deduction on...../...../20.....Total NO# of instalments is.....

TERMS AND CONDITIONS:

In the event that my salary or my banking details changes, it is my responsibility to inform the University in writing and provide the new information. I understand that if I should acquire any bursary/loan within the duration of my payments, the University's Student Accounts Office can only cancel or terminate the agreement when the account is fully paid.
 All changes and alterations must be signed or authorized by the payer, and to be sent to the relevant consultant assigned to handle my account. Student, who has defaulted on 3 consecutive monthly debit orders, without making any prior contact with the Student Accounts Office, shall be summarily deregistered and be held responsible for the full immediate payment of the outstanding fees and any remaining prior year balances. I Furthermore, consent that the onus lies on me to inform the University should I be able to settle the account before the scheduled duration of the contract.

NB: Please be advised that all amendments & cancellation requests must be sent in writing within 5 days prior to the deduction date.

All Disputed/Reversed payments will be charged an amount of R20.00 per transaction.

Signed at _____ (Name of Campus) on _____ day of _____

 Signature of Account Holder Student's signature if not Account Holder

Assisted By (where legally necessary) _____ Capacity _____

IMPORTANT				
PLEASE ATTACH:	STUDENT ID		ACCOUNT HOLDER ID	3 MONTHS LATEST BANK STATEMENT
FOR OFFICE USE:	APPROVED BY..... (PRINTED) SIGNATURE:..... <div style="text-align: center; font-size: small;">(Initial & Surname)</div>			

Final Exam results of students who have not paid their fees in full will be withheld