



# Hoër Volksskool Heidelberg

Tel: 016-341 3165/6  
Fax: 016-341 5247  
E-pos: hvhadmin@lantic.net

Jacobstraat 1  
Posbus 215,  
HEIDELBERG, GAUTENG  
1438

## DEBIETVOLMAG

- 1 Ek/Ons die ondergetekende(s)  
Naam van Debiteur: (Ouer/Voog) \_\_\_\_\_  
\_\_\_\_\_
- 2 Naam en Graad van Leerder(s):  
\_\_\_\_\_  
\_\_\_\_\_
- 3 Adres: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4 Bank: \_\_\_\_\_
- 5 Tak: \_\_\_\_\_ Takverrekeningsno.: \_\_\_\_\_
- 6 Rekeningnommer: \_\_\_\_\_
- 7 Tipe rekening: (Bv. Spaar, Tjek - of Transmissie) \_\_\_\_\_

begryp dat die oorplasing van fondse wat hiermee gemagtig word op 'n wyse van betaling neerkom wat elektronies verreken sal word deur middel van 'n stelsel wat bekend staan as Burofokus van ABSA Bank Beperk ("ABSA") en dat die funksionering van die stelsel vereis dat my/ons bovermelde rekening aan Burofokus by ABSA gekoppel word.

- 8 Ek/Ons magtig u hiermee om my/ons bovermelde rekening te debiteer met sodanige bedrag wat deur my/ons aan u verskuldig mag wees, welke debitering kragtens hierdie volmag egter nie die bedrag van R \_\_\_\_\_ (\_\_\_\_\_) per debiettransaksie met 'n maksimum getal debiettransaksies van \_\_\_\_\_ (\_\_\_\_\_) per maand mag oorskry nie, synde gelde wat tans of in die toekoms deur my/ons aan u verskuldig mag wees.

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- 9 Ek/Ons begryp verder dat:
  - 9.1 die magtiging van sodanige koppeling onderworpe is daaraan dat geen persoon enige toegang van welke aard ook al tot my/ons rekening sal verkry nie, behoudens die debitering van my/ons rekening soos hierkragtens gemagtig:
  - 9.2 die oorplasing van fondse hier gemagtig sonder benadeling van my/ons regte sal plaasvind;
  - 9.3 indien my/ons bovermelde bankrekening by 'n ander finansiële instelling as ABSA gehou word, die

verrekening tussen die onderskeie instellings in samewerking met die Automated Clearing Bureau (Edms.) Bpk sal plaasvind;

9.4 buiten enige bewys van betaling wat u aan my/ons mag verskaf, die besonderhede van elke debitering hiermee gemagtig op my/ons bankstaat sal verskyn;

9.5 hierdie volmag te enige tyd deur wedersydse skriftelike kennisgewing van 7 (sewe) dae beëindig kan word.

GETEKEN OP \_\_\_\_\_ 200 \_\_\_\_\_ TE \_\_\_\_\_.

AS GETUIE:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
HANDTEKENING



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## DEBIT AUTHORISATION

1 I/We the  
Name of debtor (Parent / Guardian): \_\_\_\_\_  
\_\_\_\_\_

2 Name and Grade of Learner(s): \_\_\_\_\_  
\_\_\_\_\_

3 Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Bank: \_\_\_\_\_

5 Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

6 Account number: \_\_\_\_\_

7 Type of account: (Cheque, Savings or Transmission) \_\_\_\_\_  
(Please indicate the appropriate account with a cross)

I understand that the electronic transfer of funds as authorised above, will be done according to the Buro Focus system of ABSA Bank (Ltd), ('ABSA') which means that my/our above mentioned account will be linked to Buro Focus, ABSA.

8 I/We hereby authorise you to debit my/our account with the amount owed by me/us, which may not exceed the amount of R \_\_\_\_\_ (\_\_\_\_\_ - in words) per transaction with a maximum of debit transactions per month, as funds owed by me/us to you at present or in future.

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9 I/We understand that:

9.1 the authorisation of this link ensures that no person will have access to my/our account, other than the debiting of my/our account as authorised in this document.

9.2 the transfer of funds will be done without undermining my/our independent rights.

9.3 the transfer of funds from financial institutions other than ABSA will be done in conjunction with the Automated Clearing Bureau (Pty) Ltd.

9.4 other than a statement issued to me/us, all the particulars of every debit transaction will be reflected on my/our bank statement.

9.5 this authorisation may be reversed in writing, by all parties involved, with a 7(seven) day notice.

SIGNED ON \_\_\_\_\_ 200\_\_\_\_ AT \_\_\_\_\_.

As witness:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE(S)