

HIGHER EDUCATION TRANSFORMATION NETWORK

Non-Profit Organization (NPO) Reg No: 116-851

5 Waterfall Edge
Waterfall Business Park Bekker Road
Vorna Valley Midrand
1685



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DEBIT ORDER AUTHORISATION FORM

I Prof/Dr/Mr/Mrs/Miss _____ (Full Names) I.D. No _____

Residential Address _____ (No & Street) Postal Address _____

_____ (Suburb) _____ (Suburb)

_____ (City) _____ (City)

_____ (Postal Code) _____ (Postal code)

Tel. No(____) _____ (Home) (____) _____ (Work) (____) _____ (Cell)

Hereby instruct and authorise Higher Education Transformation Network (HETN) to debit my bank account every month on the 1st/26th/30th (**Delete NOT applicable**) of the month, for the amount of (**delete NOT applicable**) R30 / Own amount R_____ to cover my total annual membership fees of R360 per annum. All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorisation/instruction by notifying HETN, giving thirty days' notice in writing, per registered post or via email. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.

BANK DETAILS OF ACCOUNT HOLDER

Account Holder _____ (Full Names)

Name of Bank _____

Branch Name _____ Branch Code _____

Account Number _____ Account type (cheque/savings) _____

Signed at _____ (Town/City) on this the _____ day of _____ (month) _____

_____ (Year)

Signature