

AUTHORITY TO DEBIT ACCOUNT

This form must be completed by the individual responsible for the student's account.

Student Names		Student Number
USER/CREDITOR DETAILS		
To: (Name of Beneficiary)	UNIVERSITY OF JOHANNESBURG	
Beneficiary Address:	P.O. BOX 524, AUCKLAND PARK, 2006	
Abbreviated Name as it will appear on your bank statement:	UJ	

SECTION A: BANK ACCOUNT HOLDER DETAILS		
Names of bank account holder		
Address of bank account holder:		
ID Number:	Passport number:	Temporary Residence ID:
Cell Number Acc holder:		Email address of Bank Acc Holder:

SECTION B: BANKING DETAILS		
Bank Name:		Branch Code:
Account Number:		Account Type:

SECTION C: COLLECTION DATE DETAILS				
Salary payment date (as per salary slip):				
Debit Sequence Type	• Recurring	Collection Day (i.e., Day 26 – Salary payment date)		
Frequency	• Monthly			Date Adjustment Rule: Yes
MANDATE TYPE: (COMPLETE THE RELEVANT) – Fixed mandate with instalment of R4112.00 required from Feb 2026 to Oct 2026				
Fixed Mandate:	Start	End		
Instalment Amount	R4112.00	FEBRUARY	2026	OCTOBER
				2026

First Collection Date (if required)		First Collection Amount (if required - i.e., an amount that is not the same as the instalment amount)	
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This signed Authority and Mandate refers to our contract ("The Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on:

(1st Debit Order Date) _____ and continuing until this Authority and Mandate is terminated by me/us.

Initials and Surname of Bank Account Holder _____

The individual payment instructions so authorized to be issued must be issued and delivered as follows:

- i) On or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

By signing this form, I authorise the monthly payments towards the student's fees.

Signed at _____ on this _____ day of _____

.....
Signature as used for operating Bank Account

Account holder to sign authorization.

FOR OFFICE USE
AGREEMENT REFERENCE NUMBER: _____





Real Pay Mandate Form required documents

The following documents need to accompany your completed Real Pay Mandate Form:

- 3 Months bank statement (Person responsible for the outstanding fees) OR 6 Months bank statement (Person responsible for the fees who is self-employed)
- I.D. copy of the bank account holder (Person responsible for the fees)
- Latest salary slip

IMPORTANT NOTICE:

You are required to return the signed **Real Pay Mandate (Authority to Debit Account) Form**, along with the above supporting documents, to the Financial Officer at bmsshortcourses@uj.ac.za. **[Only emailed applications will be accepted].**

You can also contact the Officer for any finance-related queries on: **011 559 1466**.

Students can only register **during the allocated registration dates**. It is the student's responsibility to ensure that all financial requirements are met **prior** to the registration closing date (**31 January 2026**).

Registration will not be permitted unless:

- the minimum payment reflects in the student account, and
- the Real Pay debit order has been authorized by the financial institution (bank).