



# NSFAS stop order/debt order form

I, .....(Full Name and Surname),

ID number                      hereby consent to and authorise the National Student Financial Aid Scheme ("NSFAS") to, (i) give effect to, implement and receive payment in accordance with the deduction instructions ("Payment Arrangement") set out below, (ii) furnish my employer with this stop order form and the loan agreement entered into between myself and NSFAS as evidence of the Payment Arrangement and (iii) obtain all relevant salary and other information (including personal information) from my employer in order to give effect to the Payment Arrangement.

I authorise my employer .....(Employer name) to deduct, on a monthly basis, the amount of R .....from my salary, salary reference number .....(as reflected on my payslip) with effect from .....(date on which first deduction must be deducted) and monthly thereafter on the same day. I understand and agree that the amount deducted may change from time to time as a result of changes in the interest rate under my loan agreement with NSFAS as well as a result of changes in my salary and/or the repayment schedule published or applied by NSFAS from time to time. I confirm that the adjusted amount may be deducted from my salary.

Should NSFAS not timeously receive the amounts referred to above under the salary deduction Payment Arrangement at any time and for any reason, I agree and confirm that NSFAS is entitled to and I hereby authorise and consent to NSFAS changing my Payment Arrangement mode to a debit order (both EFT and Naedo Payment streams) on a flexible date mandate and to deduct the aforementioned monthly deduction from my bank account, the details of which are set out below. This form will accordingly constitute my instruction to my bank to debit my bank account as envisaged herein. I acknowledge that any fees and charges levied by the bank on account of the debit order or any debit order payments which may be rejected for any reason whatsoever will be for my account.

### BANKING DETAILS

Bank Account Number

Bank Name

Bank Branch Name

Bank Branch Number

Type of Account  Cheque  Savings  Transmission

Payable per frequency

Name of Account Holder

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

