



**DEBIT ORDER AUTHORISATION FORM**  
**STUDENT FINANCIAL SUPPORT FUND**

I Prof/Dr/Mr/Mrs/Miss \_\_\_\_\_ (Full Names)

Staff No. \_\_\_\_\_

Position/Title \_\_\_\_\_

Division/Faculty/Section \_\_\_\_\_

E-mail address: \_\_\_\_\_ Tel. No (\_\_\_\_) \_\_\_\_\_

Hereby instruct and authorise CUT to process an amount of R \_\_\_\_\_, once off/monthly/over \_\_\_\_\_ months from my salary towards the Student Financial Support Fund.

I understand that the processing from my salary per my instruction above 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 payslip.

I may cancel this authorisation/instruction by notifying CUT, giving a calendar month notice in writing to Human Resources. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**