La Rochelle
Girls' Primary School

DEBIT ORDER

Name of Person (Surname, First Name & other initials) - as registered at the bank	
Address: Postal Code	
Name & Grades of children:	
Bank:	
Bank Account No	**Branch**
	Bank Branch Code:

Type of Account	
Cheque/Current	
Transmission	
Savings	

Please write the amount in the appropriate column		
School Fees per month	**Aftercare** per month	**Music Fees** per month
R_____	R_____	R_____

I/we hereby request, "instruct" and authorise you to draw against my/our account with the above mentioned bank. The amount for payment of the agreed school fees on **1st** / **15th** or **25th** day of each (mark the applicable date)and every month commencing on (can only begin from February each year)……..…and continuing on a monthly basis. We suggest that January school fees be paid in cash. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we understand that a system known as the ACB Magnetic Tape Service will process the withdrawals hereby authorised, and I also understand that details of each withdrawal will be printed on my bank statement or on any accompanying voucher.

I/we agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. I/we understand that this debit order shall be cancelled should it be returned twice in succession due to insufficient funds.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is)

Signed at ……on this……day of……..……20…

……
SIGNATURE AS USED FOR SIGNING CHEQUES
If cheque/current account is to be debited, please attach a cancelled cheque