



DEBIT ORDER

Please note: debit orders cannot be submitted for January.

Name of Person (Surname, First Name & other initials) - as registered at the bank

Name & Grades of children:

Type of Account	
Cheque/Current	
Savings	

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

Name of Bank:

Bank Account No	Branch
	Bank Branch Code: _____

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 (**can only begin from February each year**) on either **1st / 15th or 25th day only** of each (mark the applicable date) and every month commencing on (month) 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.

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days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.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