



TO: Finance Office

RE: DEBIT ORDER FORM – SCHOOL FEES 2019



LEARNERS DETAILS:-

<u>SURNAME</u>	<u>FIRST NAME</u>	<u>GRADE (2019)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK: _____ BRANCH NO. _____

ACCOUNT NO.: _____ TYPE OF ACCOUNT: _____

NAME OF ACCOUNT HOLDER: _____

Please draw against my account on the 1st **OR** 15th day of each month. Please tick (✓)

I hereby request and authorize you to draw against my account with the abovementioned financial institution,

the sum of _____ in respect of the
(amount in writing)

payment of the monthly instalment of school fees on the 1st OR 15th day of each month, commencing 1st / 15th February 2019 and continuing until the 1st / 15th November 2019. Such withdrawals from my bank account by you shall be treated as though I have signed them personally. I undertake to ensure that there is sufficient funds in my account to meet the debit order monthly. I understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service and I also understand that the details of each withdrawal will be printed on my statement. I agree to pay bank charges relating to this debit order instruction. This authority may be cancelled by me by giving thirty (30) days notice in writing, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank.

PLEASE NOTE that should the 1st or the 15th fall on a weekend and/or public holiday, funds will be withdrawn from your account on the first working day thereafter.

SIGNATURE _____

Parent's name : _____

Telephone/Cellphone number : _____

Email address : _____

This signed and done at on this day of