



PRESTASIESKOOL SCHOOL OF ACHIEVEMENT

TAX EXEMPTION NUMBER : 930021659

DEBIT ORDER SCHOOL FEES / BUS FEES / AFTERCARE (DO for Bus Fees are COMPULSORY)

NAME OF LEARNER:	
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Bank Account Details:

NAME OF ACCOUNT HOLDER:														
BANK:														
BRANCH NAME:														
BRANCH NUMBER:														
ACCOUNT NUMBER:														

TYPE OF ACCOUNT (X)	CURRENT {CHEQUE}		SAVINGS		TRANSMISSION	
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I/We hereby request, instruct and authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R_____ (and amount in words) _____ the amount necessary for payment of the monthly instalment due in respect of the abovementioned agreement on the 1st / 15nd / 28th day of each and every month commencing on _____ and continuing (as the case may be). All such withdrawals from my/our account by you will be treated as if they have been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on my bank statement or on an 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, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to such amounts as were legally owing to you.

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

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **20** _____ .

SIGNATURE AS USED FOR SIGNING CHEQUES

ASSISTED BY (WHERE LEGALLY NECESSARY)



BELIEVING IS ACHIEVING **GLO EN PRESTEER**

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