



TAMBOERSKLOOF PRIMARY SCHOOL

DEBIT ORDER INSTRUCTION FORM FOR SCHOOL/AFTERCARE FEES FOR 2018

To	TAMBOERSKLOOF PRIMARY SCHOOL BELLE OMBRE ROAD TAMBOERSKLOOF 8001		
From Name of Debtor (Parent / Guardian)			
Address			
Learner Full Name		Learner Grade	
My/Our amount agreed in respect of fees for above-mentioned learner	R_____.		
Banking Details¹			
Bank Name			
Branch Name			
Account Number			
Type of Account (please underline)	Current (cheque) / Savings / Transmission		
Please provide proof of account given to avoid errors.			
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 agreed upon, being made up of the prevailing amount required for payment of the monthly tuition fees due in respect of withdrawals from my/our bank account by you shall be treated as though they have signed and approved by me/us personally. This debit order will remain in force until such time as either party cancels in writing. The monthly payment is to be deducted from my/our account on the 15 th of each month, OR on the last day of every month (please sign below).			
Deducted on the 15th of each month		Deducted on the last day of each month	
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days notice in writing but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. ²			
Signed at (place)		On this day (full date)	
Signature of Account Holder			

¹ Please provide proof of account details supplied to avoid errors.

² A levy of R75 will be debited to your account to cover the cost of any unpaid debit orders.