



NORTHCLIFF PRIMARY SCHOOL

REFERENCE NO:

FOR OFFICE USE ONLY

DEBIT ORDER PAYMENT AUTHORITY FOR 2019

ACCOUNT HOLDERS NAME:			
BANK:			
ACCOUNT NUMBER:			
BRANCH:		BRANCH CODE:	
ACCOUNT TYPE:	CHEQUE <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	TRANSMISSION <input type="checkbox"/>
DEBIT ORDER DATE:	1st <input type="checkbox"/>	15th <input type="checkbox"/>	25th <input type="checkbox"/>
DEBIT ORDER AMOUNT:			

To: Northcliff Primary School

I / We hereby request and authorise Northcliff Primary School to draw against my / our account with the above mentioned bank (or any other Bank or Branch to which I / we may transfer my / our account) in any manner agreed upon between yourselves and the Bank, the amount necessary for payment of school fees, due by me / us. I confirm commencement from January 2019 and continuing on the first / fifteenth / twenty fifth day of every subsequent month thereafter until the fees are paid in full.

All such withdrawals from my / our Bank account by you shall be treated as though they had been signed by me personally.

Either I / we or you may at any time cancel these arrangements in writing in terms of the Conditions of Enrolment, but it is understood that such cancelation will have no effect on any withdrawals already made by you in accordance with this request and authority.

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

We acknowledge that First National Bank act merely as the creditor's collecting banker and, accordingly, all disputes regarding the amount or validity of any debit or any other issue in connection with any transaction shall be a matter between the creditor and ourselves. Insofar as it may be necessary to do so, we, hereby waive any and all claims which we may have against First National Bank.

Payer's name and surname: _____

Payer's mobile telephone number: _____

Name of Child: _____

Signature of Payer: _____

Capacity: Parent Guardian Sponsor

Date: _____