



# Debit order instruction form

## Account holder details

Full name/s and surname:

ID number:

e-mail address:

Physical address:

Home Tel:

Mobile number:

Work Tel:

Postal address:

Banking details:

Name of bank:

Branch:

Bank code:

Type of account:

Account number:

I/we hereby authorize Alma Mater to deduct the monthly school fee and any other outstanding amount as agreed in writing with Alma Mater by debit order against our/my account as mentioned above, on or before the 1st of each month.

I further authorize the school to deduct my (3) month notice period by debit order if my child/children terminate their enrolment at Alma Mater during this period (as per signed "Enrolment Contract Form"). All such withdrawals from my/our bank account by Alma Mater shall be treated as though they had been signed by me/us personally.

I/We 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 details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

This authority may be cancelled by me/us by giving you 30 days' notice in writing, sent by prepaid registered post or delivered personally to the Alma Mater Finance Office, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to Alma Mater. Receipt of this instruction by Alma Mater shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

**NOTE:** A cancelled cheque should be attached for bank identification purposes of Current Accounts only.

A copy of a blacked-out statement or a confirmation letter from your banking institution should be attached for a Savings or Transmission account.

**ASSIGNMENT**

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

**SIGNATURE AS USED FOR SIGNING CHEQUES**

\_\_\_\_\_

\_\_\_\_\_

**ASSISTED BY CAPACITY**