



BANK DEBIT ORDER AUTHORITY

(Preparatory and Pre-School)

DETAILS

School Account Number: _____
Surname: _____
Contact Number: _____

BANK DETAILS

Account Type (tick one box only): Cheque Transmission Savings

Name of Bank: _____
Branch Code: _____
Branch Name: _____
Account Holder's Name: _____
Account Number: _____
Branch Name: _____
Debit Order Frequency: Monthly (February to December)

DEBIT ORDER DEDUCTION AUTHORITY

I agree to this Bank Debit Order Deduction Authority whereby the School withdraws (in eleven instalments between February and December each year) the rand amount reflected on the current year's School Statement.

I hereby request Somerset House to draw against my account, wherever it may be, each year until cancelled by me in writing. All such withdrawals from my account by the School shall be treated as I have signed them personally.

Date: _____ Signed: _____
(as used in operating the above account)

NOTE: This form can be faxed to +27 21 851 2258 or delivered to the Administration Office. Please advise us if your contact or banking details change.

FOR OFFICE USE ONLY

