



# WHITE RIVER PRIMARY SCHOOL LAERSKOOL WITRIVIER

✉ 276  
Witrivier / White River 1240  
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## DEBIT ORDER INSTRUCTION – SCHOOL FEES

(cross out if not applicable)

Parent name & surname: \_\_\_\_\_

Learner name: \_\_\_\_\_ School Acc nr.: \_\_\_\_\_

### BANK ACCOUNT DETAILS:

Type of account: Current  Savings

Name of account holder: \_\_\_\_\_ Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Branch Number \_\_\_\_\_

I / We authorize the school to debit my/our account **at** the above-mentioned bank **with** the sum of R\_\_\_\_\_ (amount in words) on the \_\_\_\_\_ day of each month commencing on \_\_\_\_\_ (month) 20\_\_\_\_\_.

All such withdrawals from my / our account by the school shall be treated as if 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 relating to this debit order instruction.

I/We agree to pay any bank charges related to the debit order.

This authorization may be cancelled by me / us by giving the school thirty days' notice via email.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CONTACT NUMBER

\_\_\_\_\_  
NAME IN PRINT