



WHITE RIVER PRIMARY SCHOOL LAERSKOOLO WITRIVIER

276
Witrivier / White River 1240
Website: www.laerskoolwitrivier.co.za

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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

