SCHOOL FEES DEBIT ORDER INSTRUCTION

AUTHORISATION FOR THE MONTHLY PAYMENT OF SCHOOL FEES	
I/We, the undersigned, hereby authorise Bay Primary School to debit my/our account with the amount of **R**	
Learner's name/s:	
Grade/s:	

I understand and accept the following conditions in respect of authorisation:

1. That my/our account be debited with R_____ on the 1st day of each month, commencing from 1st February and continuing to November.
   All such withdrawals from my bank by you shall be treated as though they had been signed by me/us personally.
2. This authorisation will remain in operation until all fees owing to Bay Primary School are paid up, unless terminated by me/us by means of 30 days' written notice to Bay Primary School.
3. I/We undertake to keep Bay Primary School up to date as to details of account changes at all times.
4. I/We understand that the withdrawals hereby authorised will be processed through a system known as the ACB Magnetic Service, and I/we also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.
5. I/We agree to pay any bank charges relating to this debit order instruction. I/We understand that I/we shall not be entitled to any refunds of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

   Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank/building society (whichever it is or will be).

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

Signed at _____ on this _____ day of _____ 20____

Signature_____

(PLEASE ATTACH A CANCELLED CHEQUE or CONFIRMATION FROM YOUR BANK CONFIRMING YOUR ACCOUNT DETAILS)

BANK DETAILS											
Account Holder's Name:											
Bank Name:											
Type of Account: **(please tick)**	Cheque ☐			Savings ☐			Transmission ☐				
Branch Code											
Account Number											