



SAXONWOLD PRIMARY SCHOOL

ADDRESS: 13 Aldswold Road, Saxonwold, Johannesburg, 2198

TEL.: (011) 646 5510

'Bold & Significant Schooling for the South African Future'

DEBIT ORDER INSTRUCTION FORM

My banking details are as follows:

ACCOUNT NUMBER AT SCHOOL	
NAME OF ACCOUNT HOLDER	
BANK NAME	
BANK ACCOUNT NUMBER	
BANK BRANCH NAME	
BANK BRANCH CODE	
ACCOUNT TYPE	

I hereby grant permission to and instruct **SAXONWOLDPRIMARY SCHOOL**, account details above to transfer the full amount of

R _____ (_____) _____

for the purposes of paying school fees with reference to the following:

	NAMES OF LEARNERS & CLASS	AMOUNT	DESCRIPTION
1.			

On the ___ day of every month beginning ___ / _____ / 20___

This transfer instruction will be honoured as if I had personally signed each transfer.

I undertake to pay any penalties arising from this debit order instruction.

This instruction may be cancelled by me with one month's written notice to **SAXONWOLD PRIMARY SCHOOL**, with the understanding that I am not entitled to receive any form of refunds withdrawn while this instruction has been in force and funds were legally due.

Signed at _____ on _____ day of _____ 20___.

Signature of authorized account holder: _____