

DEBIT ORDER INSTRUCTIONS

From: (Name of Parent) **Account Number:**

Address:

To: Theodor Herzl Schools

P O Box 5333
 Walmer
 6065

Dear Sir/Madam

Name(s) of child(ren) **Grade(s):**

Bank Account to be Debited:

Bank:

Branch:

Branch Code:

Account Name:

Account Number:

Account Type:

I/We do hereby instruct you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R..... monthly commencing on..... and credit Theodor Herzl's account with Standard Bank, Main Branch, Port Elizabeth. This debit order will continue until such time as the amount due for school fees in respect of the abovementioned child(ren) has been paid in full.

I/We hereby acknowledge that the sum is subject to change as a result of any change in the school fee structure at the commencement of each academic year and/or additional fees authorised by us. I/We understand that the withdrawals, hereby authorised, will be processed electronically through a system known as the ACB Magnetic Tape Service, and I/we also understand that details of each withdrawal will be printed on my bank statement or on any accompanying voucher.

This authority may be cancelled by me/us giving you thirty days written notice and I/we understand that I/we shall not be entitled to any refund of amounts withdrawn by you while this authority was in force if such amounts were legally owed to you.

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

Signed at on the day of 20

Signature.....