

RUSTENBURG HIGH SCHOOL FOR GIRLS

DEBIT ORDER AUTHORISATION

PLEASE USE THIS FORM FOR NEW DEBIT ORDERS / NEW DETAILS (ACCOUNT DETAILS FOR EXISTING DEBIT ORDERS WILL REMAIN THE SAME UNLESS STIPULATED).

I accept responsibility for all school fees for the following learners :	
NAME:	
.....	
ACCOUNT HOLDER DETAILS	
SURNAME	
FIRST NAMES	
BANK ACCOUNT No.	
BANK NAME	
BRANCH NAME	
BRANCH CODE	
TYPE OF ACCOUNT (CHEQUE/SAVINGS/TRANSMISSION)	
I authorize you to debit my account on the first working day of the months February to December (inclusive), in each and every year commencing 01 February 2009. Thirty days written notice is required to implement, cancel or change debit order instructions	

SIGNED AT _____ ON ____ DAY OF _____ 2_____

INITIALS AND SURNAME (please print) _____

SIGNATURE: _____

TELEPHONE No. & DIALLING CODE

WORK: _____ HOME: _____

CELL No. _____