



NORMAN HENSILWOOD HIGH SCHOOL
 CONSTANTIA ROAD . CONSTANTIA . CAPE TOWN 7806

Telephone
 021 797 8043

Fax
 021 797 3049

Bursar
 Mrs Z Dollie
 zdollie@nhhs.co.za

Debtors Clerk
 Ms R Du Plessis
 rduplessis@nhhs.co.za

• LEARNER/S NAME/S: _____

DEBIT ORDER INSTRUCTIONS

FROM: (NAME OF DEBTOR) _____
 (ADDRESS) _____

TO: NORMAN HENSILWOOD HIGH SCHOOL

Dear Sir/Madam

MY AGREEMENT DATED TODAY THE: _____

The details of my/our bank account are as follows:

BANK: _____
 BRANCH NAME AND TOWN _____

BRANCH NUMBER / CODE

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ACCOUNT NUMBER

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TYPE OF ACCOUNT:

Cheque/Current:			Savings:			Transmission:		
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I/We hereby request "instruct" and authorise you to draw against my / our account with the above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) the sum of R _____ (& hereinafter amount in words) _____ on the (please circle preferred date of) 1st / 16th or 26th Day of each month, commencing on _____ and continuing (as the case may be). All such withdrawals from my / our bank account by you shall be treated as though they had been 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 the details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me / us by giving you thirty days notice in writing, sent by prepaid registered post. I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.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 (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the 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/we 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 the _____ day of _____

 SIGNATURE (AS USED FOR SIGNING CHEQUES)

 ASSISTED BY (Only where legally necessary)

 CAPACITY

NOTE:

A cancelled cheque should be attached for bank identification purposes (CURRENT/CHEQUE ACCOUNTS ONLY)