



# HUDSON PARK PRIMARY SCHOOL

Red House Avenue, Vincent, 5247 | PO Box 8297, Nahoon, 5210

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## DEBIT ORDER INSTRUCTION

NAME OF DEBTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

SIBLING'S NAMES: \_\_\_\_\_

TO: The Bursar  
Hudson Park Primary School  
Red House Avenue, Vincent, EAST LONDON, 5247

Dear Sirs

The details of my account are as follows:

BANK: \_\_\_\_\_

BRANCH: \_\_\_\_\_

BRANCH NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PLEASE TICK RELEVANT ACCOUNT: CURRENT (CHEQUE)

SAVINGS

TRANSMISSION

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): (PLEASE TICK PREFERRED OPTION)

The monthly amount due in respect of school fees ONLY;

The monthly amount due in respect of aftercare ONLY;

The monthly amount due in respect of all additional fees (excluding school fees);

The monthly amount as may become due in respect of school fees, academies, aftercare and other requested activities (ALL CHARGES ON THE ACCOUNT);

ON THE BELOW SELECTED DAY OF THE MONTH AND EACH MONTH THEREAFTER (PLEASE TICK PREFERRED DAY OF MONTH)

1<sup>ST</sup>

7<sup>TH</sup>

15<sup>TH</sup>

25<sup>TH</sup>

All such withdrawals from my/our bank accounts 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 used by the schools designated bank, and I/we also understand that details of each withdrawal will be printed on my bank statement.

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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.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).

SIGNED: \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

CONTACT NUMBERS (HOME) \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_