



SCHOOL FEES  
MONTHLY / TERMLY DEBIT ORDER AUTHORISATION

Please complete and return this document to the school office.

**DEBIT ORDER INSTRUCTION**

I hereby agree that the School may debit my account in respect of School fees and other amounts due to the School under the following conditions:

- 1a. The debit to my account shall be amount per the annual fees schedule plus pre approved adhoc charges that may arise from time to time (see point 1b)
- 1b. Changes in fees, amounts owing and debit order amounts will be advised prior to any such change being effected.
2. The deduction will be made on the dates as stipulated on the Payment Options Form.
3. This authority may be cancelled by me by giving 30 days notice, in writing or by email to St Francis College.
4. Details of each withdrawal will be printed on my bank statement or an accompanying voucher.
5. If, for any reason, the debit order is rejected, the School shall have the automatic right to double the amount of the debit order in the following month.
6. In the event of the debit order being rejected, the School shall have the right to recover bank charges and any other costs associated with the rejected debit order, as well as all attorneys and own client costs which could be incurred in the event of legal action being instituted for recovery of outstanding amounts.
7. The Magistrate's Court shall have jurisdiction in any legal action which could be instituted for recover of amounts due in terms of the aforementioned paragraph.

The details of my bank account are as follows:

Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch name and town: \_\_\_\_\_

Branch Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: Current ☐

Transmission ☐

(Note: This debit order is only able to operate on a current or transmission account)

Signed: \_\_\_\_\_  
Father/Guardian

Signed: \_\_\_\_\_  
Mother/Guardian

Signed: \_\_\_\_\_  
Witness

Date: \_\_\_\_\_

**Please attach proof of banking details stamped by the bank.**