

BENONI HIGH SCHOOL

Dalrymple Street, Northmead Extension 3, Benoni

Telephone: 011 849-4129/0
Fax: 011 425-1800



P.O. Box 12202 Benoryn 1504
Website: www.bhs.co.za

DEBIT ORDER INSTRUCTION – 2017

TO BE RETURNED TO ACCOUNTS DEPT

Name of eldest learner	:	_____	School fee Reference No	_____
Number of pupils at BHS	:	_____		
Grade	:	_____		
Name of Parent	:	_____		
Postal address	:	_____		
	:	_____		
Postal Code	:	_____		
Contact phone numbers	:	Work : _____	Home :	_____
	:	Cellular : _____		

The details of my/our bank account are as follows:	
NAME OF ACCOUNT HOLDER :	_____
NAME OF BANK :	_____
NAME OF BRANCH :	_____
BRANCH NUMBER :	_____
ACCOUNT NUMBER :	_____
TYPE OF ACCOUNT (please indicate) :	Cheque/Current _____ Transmission _____ Savings _____

I/we hereby request, instruct and authorize you to draw against my/our account with the above-mentioned bank (or with any other bank/branch to which I/we may transfer my/our account the sum of R _____
Amount in words _____
or as amended by Benoni High School from time to time, the amount necessary for payment of the monthly tuition fees due in respect of the above-mentioned Agreement, on the 1st day of each and every month. Payments will commence on the FIRST day of each and every month commencing JANUARY 2017 / alternatively on the _____ day of every month and continuing until all outstanding arrear and/or current fees are settled. All 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 authorized will be processed via ACB Magnetic Tape Service and I/we understand that details of each withdrawal will be printed on my/our bank statement.

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

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days notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

I/we understand that if the bank rejects my/our debit order THREE times, Benoni High School has the right to cancel my/our instruction and demand full payment of the outstanding balance. I acknowledge that my name will be noted at the Credit Bureau as a default listing.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank.

SIGNATURE : _____ DATE : _____

*CURRENT ACC – A CANCELLED CHEQUE MUST BE ATTACHED FOR IDENTIFICATION PURPOSES

NB FUTURE YEARS SCHOOL FEES. UNLESS OTHERWISE INSTRUCTED IN WRITING THIS DEBIT ORDER WILL CONTINUE TO RUN FOR ALL FUTURE YEARS SCHOOL FEES WHILST PUPIL/S ARE IN BENONI HIGH SCHOOL
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