BISHOPS
DIOCESAN COLLEGE

DEBIT ORDER INSTRUCTION

1. I hereby agree that the school may debit my account in respect of school fees and extras due to the school under the following conditions:

   1.1. The debit order will run from the end of January to the end of October (ten months) at **R…………………** per month. **PLEASE ADD AN ADDITIONAL AMOUNT TO COVER EXTRAS. Thanks.**

   1.2. The deduction will be made on the **last business day** of each month, commencing in January.

   1.3. The school fees for the year will not be changed without prior notice in writing.

   1.4. I may cancel this authority by giving thirty days' notice in writing by prepaid registered post.

   1.5. The withdrawals hereby authorised will be processed by the computer through a system known as the ACB Magnetic Tape Service and the details of each withdrawal will be printed on my bank statement or an accompanying voucher.

   1.6. Should there be any extras outstanding, it will be added to your debit order for the months of MARCH**, JUNE, SEPTEMBER and OCTOBER.**

2. I further acknowledge that:

   2.1. If for any reason the debit order is rejected, the school will revert to the terms in the Conditions of Acceptance and interest will be charged on overdue fees from the commencement of the term.

   2.2. In the event that the debit order is rejected, the school shall have the right to recover the bank charges, interest and any other legal costs associated with the rejected debit.

3. The details of my bank account are as follows:

   NAME OF ACCOUNT HOLDER:.…………………………………………………

   NAME OF BANK: .……………………………………………………

   BRANCH NAME AND TOWN: ……………………………………………………

   BRANCH NUMBER: ☐☐☐☐☐☐

   ACCOUNT NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐

   TYPE OF ACCOUNT: CURRENT/SAVINGS/TRANSMISSION (*Delete where not applicable*)

4. This debit order covers the following pupils

Name	Grade	Monthly debit order amount
……………………………….	…………	……………………
……………………………….	…………	……………………
……………………………….	…………	……………………
……………………………….	…………	……………………

   Total monthly debit   R_____

Signed: …………………………………………..

Parent Name: …………………………………...

At: .…………………………………………

Date: .…………………………………………

NB   A CANCELLED CHEQUE SHOULD BE ATTACHED FOR BANK IDENTIFICATION