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CUSTOMER NO.

PARENT/GUARDIAN:									
CONTACT NUMBER: (W)	CONTACT NUMBER: (H)								
ADDRESS:									
NAME (S) OF PUPIL (S):					GRADE/S: (in 2024)				
BANK ACCOUNT IN NAME OF:									
(NB: CONFIRMATION OF BANKING D									
REQUIRED)									
BANK NAME:									
BRANCH NAME & TOWN:									
BRANCH NUMBER:									
ACCOUNT NUMBER:									
TYPE OF ACCOUNT: (Place X)	CURRENT		S	SAVINGS			TRANS		
DETAILS OF DEDUCTION:		ANNUAL FEE		MON	ITHLY FEE		Pleas	se indicate	(with a tick)

• I hereby authorise **WESTERFORD HIGH SCHOOL** to issue and deliver payment instructions to my banker for collection against my bank account as per the deduction(s) selected above including any related bank charges.

R4,421-00 p/m

R5,305-00 p/m

R100-00 p/m

p/m

R53,048-00

R53,048-00

R1 000-00

- I agree that the first payment instruction will be issued and delivered on 31 January 2024. Thereafter, the last payment instruction due for 10 month debit orders will be the 31 October 2024 and for 12 month debit orders will be the 29 December 2024.
- If the payment day falls on a weekend or public holiday, the payment day will automatically be the business day prior to that day.

## **B. MANDATE**

School fees payable over 12 months

School fees payable over 10 months

Voluntary Levy payable over 10 months

Music Fees (if applicable)

A. AUTHORITY

• I acknowledge that all payment instructions issued by you shall be treated by my abovementioned bank as if the instructions had been issued by me personally.

## **C. CANCELLATION**

fees are still o	due and payable as agreed.	I also understand that I ca	cancelled by me giving one month's written notice and that I cannot reclaim amounts, which have been d Mandate if such amounts were legally owing to yo				
iigned on this	day of	2024.					
			ACCOUNT HOLDER SIGNATURE				