



Postal Address: P.O. Box 30648 • Mayville • 4058

Physical Address: 39 Galway Road • Mayville

Tel: 031 2425005

Fax: 031 2425072

Email: admin@ics.org.za

Web: dccschool.co.za



PAYMENT OF SCHOOL FEES FOR:

Child's full name: _____ Grade: _____ Acc No: _____

DEBIT ORDER INSTRUCTION FOR ACCOUNT HOLDER

Surname: _____ Mr/Mrs/Ms/Dr: _____

First Names: _____

Address: _____

Telephone No.: (wk) _____ (h) _____

The details of my/our bank account are as follows:

Bank Name:	
-------------------	--

Branch Name and Town	
-----------------------------	--

Branch No.									
-------------------	--	--	--	--	--	--	--	--	--

Account No.											
--------------------	--	--	--	--	--	--	--	--	--	--	--

Type of Account: Current (cheque)/ Savings/ Transmission (Delete where not applicable).

I/We hereby request, "instruct" and authorise **Durban Christian Centre School** to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/account) the sum of

R.....amount in words

.....

formonths, on theworking day of each and every month commencing on

.....(date) and ending on(date).

All such withdrawals from my/our bank account 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 known as the ACB Magnetic Tape Service, and I/we also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I/we agree to pay any bank charges relating to this debit order instruction.

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..

Note: A cancelled cheque should be attached for bank identification purposes. (Current Accounts Only).