



EDGEMEAD PRIMARY SCHOOL

DENISON WAY, EDGEMEAD, 7441
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RESPECT
HONESTY
COMPASSION
RESPONSIBILITY

DEBIT ORDER FORM 2018

Account No.

Office to complete

First Name and surname of pupil(s)

..... Gr

..... Gr

..... Gr

I, the undersigned authorise Edgemean Primary School to make arrangements with my bank to withdraw amounts as set out below.

2018 SCHOOL FEES:

Gr1 R15 936.00 ÷ 10 months = R1 593.60 per month *per child*,

Gr2 -7 R14 940.00 ÷ 10 months = R1 494.00 per month *per child*,

Debit order deductions take place from 01 February to 01 November each year. The debit order amount will increase each year according to the approved annual school fee increase as determined at the finance meeting.

Please debit my: (mark account with X)

Cheque Account Number	
Savings Account Number	
Transmission Account Number	
6 digit Bank code	
Name of your Bank	
Branch	
Surname <i>(Surname, first name & initials)</i>	

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

TELEPHONE NUMBER:

SIGNATURE:

DATE: