

# FARRARMERE PRIMARY SCHOOL - BENONI

39 KWARTZ STREET - Farrarmere  
P.O. BOX 13616  
NORTHMEAD: 1511



TELEPHONE: (011) 849-4221/2  
FAX NUMBER: (011) 425-3504  
E-MAIL: mail@fpschool.co.za

## DEBIT ORDER INSTRUCTION

FROM: Name of Debtor \_\_\_\_\_  
(in full)  
Identity Number 

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Physical Address \_\_\_\_\_  
Contact Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cellular \_\_\_\_\_  
Name of Pupil(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
Monthly Contribution Amt. R 

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Amount in words \_\_\_\_\_  
(The debit order instruction will come into effect on the 25th January for the 25th option and first banking day of February for the 1st date option.)

TO: FARRARMERE PRIMARY SCHOOL, 39 KWARTZ STREET, FARRARMERE, BENONI  
DATE OF COLLECTION CHOICE: 

1ST
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25TH
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The details of my bank account are as follows:-  
BANK: 

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BRANCH NAME: 

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BRANCH NUMBER: 

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 MANDATORY INFORMATION \*N.B. We will be unable to activate debit order if you do not provide the 6 digit branch code.  
ACCOUNT NUMBER: 

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TYPE OF ACCOUNT: Current (Cheque) Acc.  Transmission Account  Savings Account

I hereby request and authorize FARRARMERE PRIMARY SCHOOL to draw against my banking account the amount of school fees as may be due.  
All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.  
I understand that the withdrawal hereby authorized will be processed by computer through a system known as the STANDARD BANK CATS BEST 2000 and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.  
This authority may be cancelled by me by giving you thirty days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.  
Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be).

SIGNED AT \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
SIGNATURE ( as used for signing cheques) or Authorised Official / signatory