



APPLICATION / DEBIT ORDER FORM

TO: Wynberg Boys' High School
Lovers Walk
WYNBERG
7708

FROM: _____
(name of parent – please print)

ADDRESS: _____

_____ **CODE:** _____

PHONE: (H) _____ (W) _____

CELL: _____

Please circle relevant Membership Option:

Option 1: R100

Option 2: R200

BANK: _____

BRANCH NAME AND TOWN: _____

BRANCH CODE

ACCOUNT NO

TYPE OF ACCOUNT: **CURRENT (CHEQUE)** **TRANSMISSION** **SAVINGS**

I/We hereby instruct and authorise you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) on the elected day of each and every month, commencing on the date on which I/we joined the system, and continuing on a monthly basis until formal written notification of cancellation is given in writing. All such withdrawals from my/our account by you 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/our bank statement or on an accompanying voucher. Any cost incurred by my debit order being rejected will be for my account.

I/We elect the 1st 15th 26th working day of each month as the day on which the debit order is to be presented for payment to my/our bank. (Please tick appropriate block.)

Receipt of this instruction by you shall be regarded as receipt thereof by my bank.

SIGNED AT _____ **on this** _____ **day of** _____ **20** _____

SIGNATURE

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| <i>For office use only:</i> A/c no.: 5102/106 |
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Very Important: Please attached to this Debit Order a Letter from your Bank confirming your banking details.