

# Collegiate Junior School



## DEBIT ORDER CONSENT FORM

I, ..... agree that the school may debit my account with  
(please print your name clearly)  
school fees / music fees / after-care fees under the following conditions:

1. The Debit Order for school fees will operate for 11 months (January - November).  
The Debit Order for music / aftercare fees will operate for 10 months (February - November).
2. My account will be debited on the LAST WORKING DAY of the month. I will ensure that funds are in the account.
3. Rejected Debit Orders, for any reason whatsoever, will be PAYABLE IMMEDIATELY upon notification.

SIGNED: .....

TEL. NO. (w) .....

(h) .....

POSTAL ADDRESS: .....

ACCOUNT HOLDER: (Dr/Mr/Mrs) .....

NAME OF BANK: .....

BRANCH: .....

CODE: .....

ACCOUNT NUMBER: .....

TYPE OF ACCOUNT: Current / Transmission / Savings

DAUGHTER/S NAME/S: .....

DATE: .....