

For office use

Computer No.				

ALEXANDER ROAD HIGH SCHOOL

I agree that the school may debit my account under the following conditions:

1. The debit order will operate for **11 months** from:

2.

	OPTIONS	Tick appropriate block
A	25 January – 25 November	
В	1 February – 1 December	

- 3. The amount will be revised by the Governing Body in November each year for the following year's fees and will not be changed without prior notice to parents in writing.
- 4. A **R50 LEVY** will be charged for each debit order that is returned unpaid.
- N.B. The Debit Order can operate off any electronically linked accounts. Please check with your Bank.

Signed:			Date:								
INFORMATION REQUIRED											
Name of Account Holder: Dr/Mr/Mrs/Ms											
Name of Bank:											
Branch where Account held:											
Branch Clearing Code:											
Account No.:											
Туре	e of account: e.g. current, tra	ansmission, sav	ings, e	tc.							
					•••••						
	Name of Allinois										
Names of siblings							Debit Order Amount				
				Т	,	1	ı	ı		per month	
1.			Gr	8	9	10	11	12	R		
2.			Gr	8	9	10	11	12	R		
3.			Gr	8	9	10	11	12	R		
					l				Total for month	R	
Address for Correspondence: Telephone:											
							W):				
							H):				
						Cell):					
	(I							Fax):			