

Fax to: 011 467 4550

Email to: fiona@4ways.co.za

Post to: P O Box 1329 Fourways 2055



Fourways High School  
P O Box 1329  
Fourways 2055  
Tel (011) 465 1104/7  
Fax (011) 467 4550  
Email: fiona@4ways.co.za

## DEBIT ORDER MANDATE

### Student Information

	Student's SURNAME	Student's FIRST NAME	Student's NUMBER
1			
2			
3			
4			
5			

I/we the undersigned, hereby authorise Fourways High School to debit my/our bank account with the school fees owing by me on the 7<sup>th</sup>, 15<sup>th</sup>, 21<sup>st</sup>, 25<sup>th</sup>, last day of each month. (Please circle)

Bank Name:

Branch Name:

Branch Code:

Account Number:

Account Name:

Account Type:  Cheque  Y  Current  Y  Savings  Y  Transmission  Y

*Please tick correct Box*

Effective Date of 1st payment  D  D  M  M  Y  Y Authorised Bank Account Signature:

## TERMS and CONDITIONS

This signed Authority and Mandate refers to my/our statutory obligation to pay School Fees to Fourways High School as required by the South African Schools Act, 1996 (Act No 84 of 1996).

I/We hereby authorise Fourways High School to issue and deliver payment instructions to Fourways High School's bankers for collection against my/our account at the Bank referred to overleaf (or any other Bank or branch to which I/we may transfer or hold my/our account) on the condition that such payment will never exceed my/our statutory obligations under the South African Schools Act.

This Authority and Mandate may be cancelled by me/us by giving Fourways High School notice in writing of not less than 30 working days which must be sent by prepaid registered post to Fourways High School, PO Box 1329, Fourways, 2055 or hand delivered in person to the Finance Office of Fourways High School for which I/we must receive a receipt.

This Authority and Mandate must be issued to Fourways High School bankers on a monthly basis. In the event that my/our elected payment date falls on a Sunday or on any recognised South African public holiday, the payment day may be either on the following or preceding business day.

I/we understand that the withdrawals hereby authorised will be processed through a computerised system provide by the South African Banks. I/we also understand that details of each withdrawal will be printed on my/our bank statement. Such details must contain a narration which must be included in the said payment instruction and will enable me to identify the payment. This narration will be:  
**FOURWAYSH**

I/we acknowledge that all payment instructions issued by Fourways High School shall be treated by my/our Bank as referred to overleaf as if the instructions had been issued by me/us personally.

I/we agree that although this Authority and Mandate may be cancelled by me/us such cancellation will not cancel my obligation to pay school fees as statutorily required by the South African Schools Act, 1996 (Act No 84 of 1996). I/we shall not be entitled to any refund of amounts which have been withdrawn while this Authority was in force if such amounts were legally owing to Fourways High School.

I/we acknowledge that this Authority and Mandate may be ceded or assigned to a third party.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 201\_

Signature \_\_\_\_\_ (*Signature as used for operating the specified account*).

Assisted by: \_\_\_\_\_