



GORDON ROAD GIRLS' SCHOOL
EDUCATIONAL TRUST PRE SCHOOL
 18-22 ROSETTA ROAD • MORNINGSIDE • DURBAN • 4001
 TEL: (031) 303 8527
 E-MAIL: admissions@grgsedutrust.co.za

**DEBIT ORDER FORM FOR HOMEWORK CENTRE FEES
 FOR GORDON ROAD GIRLS' SCHOOL EDUCATIONAL TRUST**

(Please complete all details of this form and return it to admissions@grgsedutrust.co.za as soon as possible).

HOMEWORK CENTRE FEES - 2024

Annual Fees R 8 900.00

Monthly Debit Order Installment – R 890.00

Learner's Name: Grade:

Account Holder's Name:

Address:

Telephone Numbers: (Cell) (B) Email Address:

PLEASE COMPLETE

The details of my/our bank are as follows:

ABBREVIATED NAME: GORDONGIRLHWC

BANK(Name)

(Please note: A debit order CANNOT BE processed on certain Savings accounts or a Credit Card account (Please enquire with your Bankers).

PLEASE COMPLETE

Branch Number

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Account:

Current (cheque)

Savings

Account Holder's Name:

Direct Deposit:

FNB – Florida Road Branch 220526 - Account No.: 507 400 284 32

Date Debit Order is to be processed on:

1st of each month

(monthly)

15th of each month

25th of each month

Monthly Amount to be debited to my Account: R _____ x 10 months

Please Note:

*** The Educational Trust must be immediately informed of any changes in your banking details**

This signed Authority and Mandate refers to our contract dated _____ (“the Agreement”).

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: Monthly

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

B. Mandate I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We 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.

D. Assignment I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

SHOULD A DEBIT ORDER BE RETURNED FROM THE BANK FOR TWO (2) CONSECUTIVE MONTHS AS UNPAID, THE SCHOOL WILL DEEM IT TO BE CANCELLED AND THE ACCOUNT WILL BE IN DEFAULT.

Signed at _____ on this _____ day
of _____.

(Signature as used for operating on the account)