

EVERSDAL PRIMARY SCHOOL

COMPULSORY SCHOOL FEES: METHOD OF PAYMENT

ALL SECTIONS MUST BE COMPLETED BY BOTH PARENTS/GUARDIANS.

PARTICULARS OF PARENTS/GUARDIANS:

1.	SURNAME (Parent 1)		
	First name and initials		
	ID number		
	Address		
	Telephone	Cell:	
		Work:	
Home:			
E-mail address for statements			
2.	SURNAME (Parent 2)		
	First name and initials		
	ID number		
	Address		
	Telephone	Cell:	
		Work:	
Home:			
E-mail address for statements			

NAME OF LEARNER(S) IN EVERSDAL PRIMARY SCHOOL (CURRENT AND FUTURE)

NAME	GRADE	OFFICE USE

METHOD OF PAYMENT: Please tick appropriate block

Annual payment (Once-off)			
Monthly debit order (New)		Already pay by debit order	

DEBIT ORDER: DEBIT ORDER APPLICATION – ONLY NEW DEBIT ORDERS

I/We, the undersigned, duly authorise Eversdal Primary School to institute a monthly debit order against my/our bank account for the amounts, in accordance with our agreement, by means of an ACB magnetic tape system and process on which Eversdal Primary School and my bank agreed.

BANK DETAILS

Account type	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Name of Account Holder (s)			
Name of Bank			
Branch Name		Branch Code	
Account Number			

PARENT 1: _____ **SIGNED:** _____ **DATE:** _____

PARENT 2: _____ **SIGNED:** _____ **DATE:** _____