



RYNFIELD PRIMARY SCHOOL

DEBIT ORDER INSTRUCTION – 2024

TO BE RETURNED TO ACCOUNTS DEPT

FOR OFFICE USE ONLY

Reference No					
Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sep	Oct	Nov	Dec

Telephone (011) 849-5215/16

Email: debtors@rps.org.za

Name of Debtor responsible for account: _____

Residential Address: _____

Postal Address: _____

Tel No (W) _____ Cell _____ (H) _____

LEARNER	GR	PURPOSE (School fees, tour etc)	AMOUNT

TOTAL: R _____

The details of my/our bank account are as follows:

NAME OF ACCOUNT HOLDER : _____

NAME OF BANK : _____

NAME OF BRANCH OR BRANCH CODE : _____

ACCOUNT NUMBER : _____

TYPE OF ACCOUNT (please indicate) : **Cheque/Current** * _____ **Transmission** _____ **Savings** _____

PAYMENT DATE (PLEASE CIRCLE) 1ST 16TH 21ST 26TH day of each & every month (Gr 2 – 7 only).
GRADE R payments due on the 1st day of each month

I/we hereby request, instruct and authorize you to draw against my/our account with the above-mentioned bank (or with any other bank/branch to which I/we may transfer my/our account the sum of
Amount in words _____
or as amended by Rynfield Primary School from time to time, the amount necessary for payment of the monthly tuition fees due in respect of the above-mentioned Agreement, on the 1st day of each and every month. Payments will commence on 1st, 16th, 21st or 26th day of each and every month (unless the due date falls on a weekend or Public Holiday) commencing JANUARY 2022 and continuing until all outstanding arrear and/or current fees are settled. All withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed via ACB Magnetic Tape Service and I/we understand that details of each withdrawal will be printed on my/our bank statement .I/we agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us giving you thirty days notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

I/we understand that if the bank rejects my/our debit order THREE times, Rynfield Primary School has the right to cancel my/our instruction and demand full payment of the outstanding balance. I acknowledge that my name will be noted at Credit Bureau as a default listing.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank.

SIGNATURE : _____ DATE : _____

**CURRENT ACC – A CANCELLED CHEQUE or PROOF FROM THE BANK MUST BE ATTACHED FOR IDENTIFICATION PURPOSES*

<p>NB FUTURE YEARS SCHOOL FEES. UNLESS OTHERWISE INSTRUCTED IN WRITING THIS DEBIT ORDER WILL CONTINUE TO RUN FOR ALL FUTURE YEARS SCHOOL FEES WHILST PUPIL/S ARE IN RYNFIELD PRIMARY SCHOOL AND/OR UNTIL THE OUTSTANDING BALANCE IS SETTLED IN FULL</p>
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