



WEMBLEY COLLEGE

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Greytown

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DEBIT ORDER FORM

I hereby grant permission for Wembley College to arrange with my bank or building society, or any other bank or building society to which I might change my account, for payment of the amount (current and/or in arrears) in terms of the school fees (including amendments that may be made during the year) from my account (stated below)

MONTHLY - The following days 1st, 7th, 10th, 15th, 16th, 25th, 28th, 30th.
- Which is the _____ of every month,

QUARTERLY - On the _____ (1ST or 2ND day) of every term.

HALF-YEARLY /ANNUALLY - On the _____ (day) of _____ (month) of every year.

School fees _____

Other charges _____

Total _____ thereafter in accordance with the debit order system. **(A R50.00 levy will be charged for dishonoured debit orders)**

Type of account (tick the appropriate block)

Cheque account

Savings account

Transmission account

credit cards are not allowed

Name in which account operates _____ #

Name of Banking Institution _____ #

Account number _____ #

Branch _____ Bank/Branch code _____ #

Payer's date of birth _____ ID No. _____

Physical address _____

Town /city _____ code _____

PO Box No. _____ Town/city _____ code _____

Home phone number (code) _____ no. _____

Business/Employers Name _____

Business address _____ Town/city _____ code _____

Business phone number (code) _____ no. _____ Cell phone number _____

e-mail address _____

I have read and understood the above information. To cancel your debit order please advise Wembley College in writing a month in advance.

Signature of payer or authorised person _____ # Date _____

The above information will remain confidential.

compulsory info required