

# BENONI HIGH SCHOOL

Dalrymple Street, Northmead Extension 3, Benoni

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## DEBIT ORDER INSTRUCTION – 2019

## TO BE RETURNED TO ACCOUNTS DEPT

Name of eldest learner	:	_____	School fee Reference No	_____
Number of pupils at BHS	:	_____		
Grade	:	_____		
Name of Parent	:	_____		
Postal address	:	_____		
	:	_____		
Postal Code	:	_____		
Contact phone numbers	:	Work : _____	Home : _____	
		Cellular : _____		

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

NAME OF ACCOUNT HOLDER : \_\_\_\_\_  
NAME OF BANK : \_\_\_\_\_  
NAME OF BRANCH : \_\_\_\_\_  
BRANCH NUMBER : \_\_\_\_\_  
ACCOUNT NUMBER : \_\_\_\_\_

TYPE OF ACCOUNT (please indicate) : Cheque/Current \_\_\_\_\_ Transmission \_\_\_\_\_ Savings \_\_\_\_\_

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 R \_\_\_\_\_  
Amount in words \_\_\_\_\_  
or as amended by Benoni High 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 1<sup>st</sup> day of each and every month. Payments will commence on the FIRST day of each and every month commencing JANUARY 2019 / alternatively on the \_\_\_\_\_ day of every month 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days notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.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, Benoni High 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 the 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 MUST BE ATTACHED FOR IDENTIFICATION PURPOSES*

**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 BENONI HIGH SCHOOL**