

Debit Order Instruction

Name: _____

Address: _____

Tel: (H) _____ (B) _____

(Cell) _____ (Email) _____

I/We elect to make a donation to the Sacred Heart College to the following Fund:

1. Please deduct a monthly amount of R _____ from my Bank Account on the 1st day of every month:

From: _____ (month/year) To: _____ (month/year)

OR

2 Please deduct an annual amount of R from my Bank Account starting:

From: _____ (month/year) To: _____ (month/year)

3 Please increase my debit order amount by _____ (%) each year on the anniversary of my Debit Order commencement date

I/We hereby request, "instruct" and authorise you to draw against my/our account with the below mentioned bank (or any other bank or branch to which I /we may transfer my/our account) the amount necessary for payment of the relevant installment due in respect of my/our donation according to my/our election above and continuing (as the case may be). All such 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 authorised will be processed by computer through a system known as the ACB Magnetic Tape Service and I /we also understand that the details of such withdrawals will be printed on my bank statement or on any accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be). The details of my/our bank account are as follows:-

Bank: _____

Branch Name & Town: _____

Account Number: _____

Name of Account Holder: _____

Type of Account: CURRENT/ CHEQUE/ TRANSMISSION

Signed at _____ on this date _____

Signature as used for signed cheques

Kindly print your name

Address: 15 Eckstein Street, Observatory, 2198 | P O Box 87257, Houghton, 2041, Johannesburg, South Africa
E-mail: info@sacredheart.co.za | Phone: +27 11 081 2200 | Website: www.sacredheart.co.za