

HERBERT HURD PRIMARY SCHOOL

P.O. Box 7638, Newton Park, 6055
Willet Street, Newton Park
Port Elizabeth 6045
Tel: 364 1051 Fax: 365 4083



DEBIT ORDER FORM

I agree that the school may debit my account under the following conditions:

1. The debit order will operate from 1st **FEBRUARY** to 1st **DECEMBER**.
2. **IT WILL BE COLLECTED ON THE FIRST WORKING DAY OF EACH MONTH ONLY.** If the day falls on a public holiday it will be deducted on the next working day.
3. The School Fund contribution will not be changed without prior notice to parents in writing.
N.B. The Debit Order can operate off current and transmission accounts. Please check with your Bank.

SIGNED..... DATE

PLEASE ENSURE THAT **ALL THE INFORMATION** REQUIRED BELOW IS CORRECTLY COMPLETED.

Name of Account Holder: :

Name of Bank :

Branch where Account is held :

Account No. Clearing Code

Type of Account : Current / Transmission / etc.

Names of children at Herbert Hurd:

- | | | |
|----|-------|-------|
| 1. | | Grade |
| 2. | | Grade |
| 3. | | Grade |

Amount: 1 x R..... (per month for 11 months)

Address for Correspondence:

Telephone:

..... (w)

.....(h)

..... (cell)