

MICHAELIS PRIVATE SCHOOL PAYMENT INSTRUCTIONS

Name of parent:			
Name of child/ren:			Grade/s:
	Details of Debto	25	
	Details of Debit	JI	
Full name & surname:			
ID/Passport number:			
Home address:			
		Postcode:	
Email address:		Commencemer	nt Date:
Payment frequency: Monthly	Quarterly	Annually	
Payment options: Debit order			
	Bank Details of De	ebtor	
Bank name:		Branch name:	
Account Number:		Branch code:	
		Branch code.	
Account holder name:			
Account type: Cheque	Savings	Transmission	
I/We hereby authorize Michaelis Private School to withdrav /we may transfer out account), on the 1st day of each monti		he above-mentioned bank (or an	y other bank or branch to which I
I/We grant additional permission for the amount above to b respect of co-curricular tuition, aftercare and other costs or by the school relating to returned debit orders will be for the	e increased by the amount of a services requested by me/us a		
 MANDATE All permissions are granted for such CANCELLATION I am aware that this instruction entitled to any refund of amounts withdrawn fror ASSIGNMENT I acknowledge that this authority third party but in the absence of such assignment CREDIT CHECK in order to process the application holder as required. The purpose is to assess the 	n can be cancelled by me/us by m my account whilst this author may be ceded to or assigned to the Agreement, this Autho tion, the school is required to o	y giving thirty days notice in writir rity was in force, if such amounts to a third party if the agreement is rity and Mandate cannot be assion obtain credit reports or other relat	ng. I understand that I shall not be were legally due by me. s also ceded or assigned to that gned to any third party. ed information on the account
Bank charges will be charged for returned debit orders. Signed at	on this	day of	20
Signature of debtor	Assisted by (whe	ere legally necessary) Cap	pacity