## **Debit Order Form**

I, the undersigned, herewith author	orise Adorable Kids Pre-school to arrange wit	th my bank for the amounts to be drawn against my account
in accordance with the debit orde	r system	
Name & Surname	Bank Name	
Address	Branch Name	
	Branch Code	
Email	Account Number	
Telephone Number	Type of Account	
Cell Number	Amount (please tic	ck)
		R2300 (Half Day)
		R2500 (Full day)
Child(ren)'s Name(s)	First Debit Date 28	20
The Individual payment instruction	ons so authorised to be issued must be issued	and delivered as follows:
falls on a Saturday, Sunday or rec business day. Further, if there are	cognized South African public holiday, the pa	first Debit Date (as above). In the event that the payment day ayment day will automatically be the very next ordinary to meet the obligation, you are entitled to track my account able in my account.
Banks and i also understand that which must be included in the sai	details of each withdrawal will be printed on	bugh a computerised system provided by the South African my bank statement. Each transaction will contain a number, should enable you to identify the Agreement. A payment
I/We shall not be entitled to any legally owing to you.	refund of amounts which you have withdrawn	n while this authority was in force, if such amounts were
I/We acknowledge that all payme been issued by me/us personally.	ent instructions issued by you shall be treated	by my/our above mentioned bank as if the instructions had
	•	us, such cancellation will not cancel the agreement. I./We e this authority was in force, If such amounts were legally
· ·	• •	arty if the agreement is also ceded or assigned to that third and Mandate cannot be assigned to any third party.
Signature	Date	