



Parkview Senior School

School Reference No: 131193 www.parkviewsenior.co.za

Dundalk Ave

Parkview

2193

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DEBIT ORDER FORM 2025

Child's Full Name:	Grade in 2025:
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Name of Account Holder:	
Postal Address:	
Postal Code:	
Bank:	
Bank Account No:	Branch: Rosebank
	Bank Branch Code:

Type of Account

Cheque/Current	
Transmission	
Savings	

Amount: R3 680 (per child in family at Parkview Senior School)	Date: 31 January 2025
To: Parkview Senior School	Abbreviated Name as Registered with Bank: PARKVWSNR
Beneficiary's Address	Cnr Dee and Dundalk Ave Parkview Johannesburg

Ten Debit orders of equal instalments will be run on the last day of each month. The first will be on the 31st of January 2025 and the final one on the 31st October 2025. No other debit order dates will be accommodated.

Debit order payments will qualify for a discount of R750 per year per learner on successful debits over 10 consecutive months-discount eligibility will be end of October 2025.

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or Branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on 31 January 2025 and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and send by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: **monthly.**

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. 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.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this authority and Mandate cannot be assigned to any third party.

Signed at on this day of

.....

(Signature as used for operating on the account)

.....

(Assisted By)

E Agreement Reference Number

This Agreement reference number is: