



# Collegiate Girls' High School

## DEBIT ORDER CONSENT FORM

I agree that Collegiate Girls' High School may debit my account under the following conditions:

1. The debit order will operate for 11 months (last working day in January – last working day in November).
2. I will ensure that funds are in my account to meet this Debit Order. Should the Debit Order be rejected, for any reason whatsoever, I will pay the rejected amount in cash or by EFT immediately upon notification.
3. After a second rejection the debit order will be cancelled. I will then pay monthly in advance in cash or by EFT payment.
4. This form will remain in force until the pupil leaves. The amount applicable will be advised by the School Governing Body in writing prior to each new year.

(Tear off)

(For Office use only)

**DEBIT ORDER CONSENT FORM**  
**(to be handed in to the Bursar)**

ACCOUNT NO:

Name of Account: Dr/Mr/Mrs .....

Postal Address: .....

.....

Code: .....

Telephone: Business: .....

Home: .....

Cell: .....

Name of Bank: .....

Branch: .....

Branch Code: .....

Account Number: .....

Type of Account: .....

Names of Learners:

Date: .....

.....

Grade: .....

.....

Grade: .....

.....

Grade: .....

Total Amount: .....

I.D. Number: .....

Signature: .....

Kindly attach a bank confirmation of your account number and return with the completed form to [bursar@cghs.co.za](mailto:bursar@cghs.co.za)