



Founded 1914

**WPPS**

**WESTERN PROVINCE  
PREPARATORY SCHOOL**

49 Newlands Road Claremont 7708 Cape Town  
Telephone: 021 761 8074 Fax: 021 762 6120

E-mail: secretary@wpps.org.za  
Website: www.wpps.org.za

## Debit Order Form

### A. Authority

Given by (name of account holder) \_\_\_\_\_

Address \_\_\_\_\_

Bank \_\_\_\_\_

Branch and Code \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (**delete that which is not applicable**) Current (cheque) / Savings / Transmission

Amount

**Per Account (Tuition & Extras)**

Date

**1<sup>st</sup> of each month (Feb - Nov) – Gr N – 6**

Date

**1<sup>st</sup> of each month (Feb - Sept) – Gr 7**

To (name of beneficiary)

**Western Province Preparatory School**

Abbreviated Name as Registered with the Bank \_\_\_\_\_

Beneficiary's Address

**49 Newlands Road, Claremont, 7708**

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 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 sent 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 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 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.



WESTERN PROVINCE PREPARATORY SCHOOL  
MEMBER OF THE INDEPENDENT SCHOOLS  
ASSOCIATION OF SOUTHERN AFRICA



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**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: \_\_\_\_\_

