

# St Patrick's CBC

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## DEBIT ORDER AUTHORISATION FORM

I, .....(Full name), the undersigned, duly authorise St Patrick's CBC, Kimberley to institute a debit order against my bank account as mentioned below for the amount due on my school account each month.

### LEARNER DETAILS:

	Learner(s) Name & Surname
1.	
2.	
3.	
4.	

### PERSON RESPONSIBLE FOR DEBIT ORDER:

Name:	
Surname:	
Title:	
ID no:	
Home address:	
Employer:	
Work address:	
Tel (home):	
Tel (work):	
Cell number:	
Email address:	

### BANK DETAILS

Account name:			
Bank:			
Branch name:			
Branch code:			
Account number:			
Type of account:			
Debit Order date: (tick one)	1 <sup>st</sup> of the month	<input type="checkbox"/>	15 <sup>th</sup> of the month

Insure Group Managers Ltd is the Provider handling the monthly debit order collections, and the debit order against your bank account will reflect the following reference on your bank statement: ICB Epic. In the case of the Debit order not being successful, I give the school permission to add the additional costs to my account.

I declare that the above information is correct.

\_\_\_\_\_  
 Signature of Account Holder

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
 Date