

MERENSKY

Hoërskool

High School



DEBIT ORDER INSTRUCTION

DETAILS OF MERENSKY ALUMNI CLUB MEMBER (ACCOUNT HOLDER):

Name & Surname:	
ID Number:	
Address:	
Cellphone number:	
Email address:	
Membership number: (office use)	

TO: Merensky High School, Private Bag X4003, TZANEEN, 0850

MY AGREEMENT IN RESPECT OF MERENSKY ALUMNI CLUB FEES

The details of my BANK ACCOUNT are as follows:

BANK NAME	
BRANCH NAME AND TOWN	
BRANCH CODE	
TYPE OF ACCOUNT	<input type="checkbox"/> Current (Cheque)
	<input type="checkbox"/> Savings
	<input type="checkbox"/> Transmission
ACCOUNT NUMBER	
AMOUNT (MONTHLY)	<input type="checkbox"/> R40 – Students (minimum)
	<input type="checkbox"/> R80 – Other (minimum)
	<input type="checkbox"/> Own amount R _____

I hereby request and authorize you to draw against the account with the abovementioned bank (or any other bank or branch to which I transfer my account) the amount indicated for payment of the monthly installment in respect of the abovementioned agreement on the _____ day of each month commencing on:

DAY: _____ MONTH: _____ 20 _____
(Please see next page)

Privaatsak X4003
Private Bag X4003
TZANEEN
0850

Tel: 015 305 7901/2/4
Fax: 015 305 7903
Premi-cell:
074 888 5975
074 888 6042
074 888 6165
086 698 2410 (Fax)
merensky@hsmerensky.co.za

M STEYN
Hoof / Principal
hoof@hsmerensky.co.za

EMIS: 901530211

www.hsmerensky.co.za



Koshuisbestuurder
Hostel Manager
Kobus Vorster
082 807 8418
koshuisbestuurder@hsmerensky.co.za

Koshuisvader
Hostel Father
Drikus Viljoen
063 294 7599
koshuisvader@hsmerensky.co.za

Koshuismoeder
Hostel Mother
Magriet van der Merwe
082 441 6213
koshuismoeder@hsmerensky.co.za



22-24 April 2016

I understand that the withdrawals hereby authorized will be processed by computer through a system known as the *ACB Magnetic Tape Service*, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

This authority may be cancelled by me giving you 30 (thirty) days notice in writing to **mac@hsmerensky.co.za**, or sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force.

PLEASE NOTE: The receipt of this instruction by you shall be regarded as receipt thereof by our bank.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____

SIGNATURE _____

INSTRUCTIONS

- Print this form.
- Complete in full and sign.
- Submit the form to Merensky High School:-
 - hand it in at the school office,
 - send it by prepaid registered post, or
 - attach it to an email addressed to **mac@hsmerensky.co.za** .