

**CLIFTON SCHOOL
DEBIT ORDER AUTHORIZATION 2018**

NAME: _____

ADDRESS: _____

TEL: (W) _____ (H) _____ (C) _____

SON'S NAME: _____ SON'S GRADE (2018): _____

The Financial Manager
Clifton School
102 Lambert Road
Morningside
4001

Dear Sir/Madam

I hereby authorize you to debit my bank account with the following amounts:

	GRADE R	GRADES 1-3	GRADES 4-7	GRADES 8-12
QUARTERLY PAYMENTS : (16 January 2018; 17 April 2018; 23 July 2018 & 3 October 2018)	R13,696 / R14,631	R22,245 / R23,180	R25,087 / R26,022	R34,295 / R35,230
TEN (10) MONTHLY PAYMENTS: (31 January 2018 to 31 October 2018)	R5,479 / R5,853	R8,898 / R9,272	R10,035 / R10,409	R13,718 / R14,092

BANK NAME:

BRANCH NAME:

BRANCH NUMBER:

ACCOUNT NUMBER:

TYPE OF ACCOUNT:

I further authorize CLIFTON SCHOOL to debit my abovementioned account with any other fees and incidental costs which may be due by me from time to time. Such withdrawals will be processed electronically through the ACB Magnetic tape service.

This authority may be cancelled by me in writing with thirty (30) days' notice.

SIGNATURE

DATE