



**Natural Learning Academy**

Tel: 021 854 5905 I Fax: 086 608 9358  
E-mail: accounts@nlaschool.com I www.nlaschool.org

**Debit Order Form 2016**

**Account holder details:** *Please supply as much information as possible*

Full Names and surname	_____
RSA / NAM Identity number ( <i>compulsory</i> )	_____
Passport Number	_____
Registration number of institution / trust	_____
Type of institution	_____
Title _____ Language _____ Country of issue _____	
Physical address	_____ _____ _____
Postal address	_____ _____ _____
Telephone number (h) _____ (w) _____	
Mobile Number	_____
E-mail address	_____

**Bank details**

Name of bank	_____	Branch	_____
Account number	_____	Branch code	_____
Type of account	<i>Cheque</i> <input type="checkbox"/>	<i>Savings</i> <input type="checkbox"/>	<i>Transmission</i> <input type="checkbox"/>
Other ( <i>Specify</i> )	_____		



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I hereby request and authorize you to draw against my account with the abovementioned bank:

AMOUNT: R \_\_\_\_\_

AMOUNT IN WORDS: \_\_\_\_\_

DATE OF FIRST DEDUCTION: (dd/mm/ccyy) \_\_\_\_\_

*on the \_\_\_\_ day of each month.* This being the amount necessary for the settlement of the monthly amount due to you in respect of Natural Learning Academy school fees for the year 20\_\_\_\_,

All such withdrawals from my account by you shall be treated as though they had been signed by me personally.

I, the undersigned, "instruct" and authorize you to draw against my account. I understand that if bank details have been supplied the withdrawals authorized here will be processed by the Natural Learning Academy. I also understand that details of each withdrawal will be printed on my statement.

I agree to pay any banking charges relating to this debit order instruction.

**This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post. I understand that I shall not be entitled to any refund of amounts which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.**

**I understand that, if I should cancel this authority, my account will be revised and amounts shall be recalculated as per the signed contract.**

I acknowledge that the party hereby authorized to effect the drawing(s) against my account may not cede or assign any of its rights and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

NAME IN PRINT

SIGNATURE