



# STIRLING HIGH SCHOOL

GLENEAGLES ROAD  
STIRLING  
EAST LONDON  
5241

TELEPHONE: (043) 735 1444  
E-MAIL:  
leroux@stirlinghs.co.za

## REQUEST FOR PAYMENT BY DEBIT ORDER 2025

### A. Authority

I request that my school fee obligations to Stirling High School be paid by debit order in accordance with the ACB system. I understand that I can terminate this agreement by written notification at any time, but that the termination will have no effect on withdrawals already made by the bank. I agree that the debit order may be adjusted in succeeding years in terms of the determination of school fees by parents at prescribed meetings called by the school.

### PARENT/GUARDIAN

NAME (of Bank Account Holder) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

BANK: \_\_\_\_\_

BRANCH AND CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE: Current (cheque) / Savings / Transmission  
(delete that which is not applicable)

PAYMENT TO (name of beneficiary): STIRLING HIGH SCHOOL

ABBREVIATED NAME AS REGISTERED WITH THE BANK: STIRLINGHS

	One Child	Family	
<b>AMOUNT PER PAYMENT:</b>	<input type="text" value="R9 776.25"/>	<input type="text" value="R19 552.50"/>	Quarterly
(Please place an X in the relevant block)	Or	Or	
Monthly for ten months	<input type="text" value="R3 910.50"/>	<input type="text" value="R7 821.00"/>	Monthly
	Or	Or	
Monthly for eleven months	<input type="text" value="R3 555.00"/>	<input type="text" value="R7 110.00"/>	Monthly

DATE OF PAYMENTS:  Or

FREQUENCY OF PAYMENTS:

NAME(S) OF PUPIL(S): \_\_\_\_\_

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 (place x in date of choice)

	20 <sup>th</sup> of the month	OR		Last working day of the month
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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 as follows: monthly or quarterly as indicated on page 1.

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.

**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 admission of the learner. 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 cannot be assigned to any third party.

**Signature and Date**

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

\_\_\_\_\_  
(Signature as used for operating on the account)

\_\_\_\_\_  
(Assisted by)

**E. Agreement Reference Number**

This Agreement Reference Number is: \_\_\_\_\_  
(Number determined by the school)

