



Krugersdorp High School Foundation

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 Email: foundation@khs.school.za • Website: www.khsfoundation.co.za

DEBIT ORDER : K.H.S. FOUNDATION

For office use

Debit Order No.																				
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Name of Person (Surname, First Name & Other Initials)	Name of Company (as registered at the bank)
Address	
Postal Code :	

Bank :	
Bank Account No.	Branch :
	Branch Code No.

Type of Account	
Cheque / Current	
Transmission	
Savings	

I/We hereby request, "instruct" and authorise you to draw against my/our account with the abovementioned bank (or any bank or branch to which I/we may transfer my/our account), the amount of _____ for payment of the agreed donation on 1st day of each and every month commencing on _____ and continuing on a monthly basis. All such withdrawals from my/our bank account by you shall be treated as signed by me/us personally. This authority may be cancelled by me/us by giving you notice in writing.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed on this _____ day of _____ 20_____.

SIGNATURE AS USED FOR SIGNING CHEQUES
 If cheque/current account is to be debited, please attach a cancelled cheque.