



SA BOARD OF JEWISH EDUCATION - PAYMENT APPLICATION FORM

Details of parent responsible for account:	ACC NO:
	EFT PAYMENTS Acc Name - SABJE Standard Bank - Eloff Street Branch Code: 001305 Acc Number: 001013890 Email proof of payment bothac@sabje.co.za (or your credit controller)
Title First Name Initials	
Surname.....	
Address.....	
.....	
Contact Number.....	

Child's Name:	Grade	School	Fees Amount
		TOTAL	

Payments are made in terms of the Enrolment Forms and the Constitution and Rules of SABJE

CREDIT CARD FACILITIES – TO RUN ON THE 1ST / 25TH OF EACH MONTH

Name on card.....

ID Number.....

Credit Card Number _____ - _____ - _____ - _____

Expiry date ____ / ____ CVC _____

Please debit my credit card IN FULL / MONTHLY

Amount R _____ . _____ Amount in words

This instruction will remain in force for the current year or until cancelled by me, giving 30 days' notice in writing. The amounts charged can be varied from time to time in accordance with the applicable school fees.

Signature: _____ Date: ____ / ____ / ____

DEBIT ORDER INSTRUCTION – TO RUN ON THE 1ST / 25TH OF EACH MONTH

Name on account holder.....

Bank details: Name of Bank Branch.....

Account Number _____ Branch Code _____

Type of Account CURRENT (CHEQUE) SAVINGS TRANSMISSION

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 sum of R..... (amount in words) being the amount necessary for payment of the monthly instalment due in respect of school fees, commencing in and continuing every month (as the case may be). All such withdrawals from my/our bank account shall be treated as though they had been signed by me/us personally.

I/we understand that the withdrawals hereby authorised 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.

I/we agree to pay any bank charges relating to this debit order instruction.

The value of this debit order may be varied from time to time in accordance with the applicable school fees. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank

Signature: _____ Date: ____ / ____ / ____

SPONSORSHIP OF A PUPIL

I wish to contribute a total amount of R _____ ONCE OFF / MONTHLY towards the sponsorship of one or more pupils who cannot afford school fees, as the Board may select in its discretion.

I hereby authorize you to deduct such payment from my debit order as per above.

(In respect of your contribution, the King David Schools Foundation will issue you with a receipt in terms of S18A)