



# GREENWOOD PRIMARY SCHOOL

Email: [admin@greenwoodschool.co.za](mailto:admin@greenwoodschool.co.za)

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6006

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6006

Telephone: (041) 585-4142  
Facsimile: (041) 585-1066  
Accounts: (041) 582-4141

Dear Parents

To avoid the security risk involved in keeping money on the school premises, the Governing Body of the school has made a decision that, fees be paid either by

### DEBIT ORDER or ANNUALLY IN ADVANCE

*(Please circle your option)*

This also eliminates the risk of your children carrying large amounts of cash on them to pay the fees.

### **All parents to please complete this page**

Parents selecting the Debit Order option are requested to complete the consent form overleaf, and return this form to Mrs Blunden's office or via email: [debtors@greenwoodschool.co.za](mailto:debtors@greenwoodschool.co.za).

Please print clearly:

I, ..... parent/ guardian of

..... in Grade ..... (2021)  
(name of oldest child at Greenwood)

am responsible for the payment of school/aftercare/music fees.

Signed : ..... I.D. No. ....

**P.T.O**

**DEBIT ORDER CONSENT FORM**

I, ..... (please print name clearly) agree that Greenwood Primary School may debit my account with school/aftercare/music fees under the following conditions :

- 1. The Debit Order will operate for 11 months (January – November)
- 2. My account will be debited on the 1<sup>st</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or 25<sup>th</sup> day of the month.  
(When this date fall on a Saturday it will be processed on the Friday and when this date falls on a Sunday it will be processed on the Monday)  
**I WILL ENSURE SUFFICIENT FUNDS ARE IN MY ACCOUNT ON THAT DAY**
- 3. Rejected Debit Orders, for any reason whatsoever, together with the rejection fee of R50.00, will be **PAYABLE IMMEDIATELY**, upon notification.  
The Debit Order will be cancelled automatically after two rejections.

SIGNED: ..... DATE: .....

TELEPHONE NO. (Work) ..... (Cell) .....

PHYSICAL ADDRESS : .....  
..... (Code ) .....

ACCOUNT HOLDER: (Dr/Mr/Mrs/Ms) .....

NAME OF BANK : ..... BRANCH: .....

BRANCH CODE: ..... ACC NO: .....

TYPE OF ACC: Current (Cheque)/Transmission/Savings

**DEBIT ORDER TO BE PROCESSED ON**  
**(Please circle your option: THESE ARE THE ONLY DATES)**

**1<sup>ST</sup>    15<sup>TH</sup>    20<sup>TH</sup>    25<sup>TH</sup>**

PUPIL / S NAMES : ..... GRADE ..... (2021)

..... GRADE ..... (2021)

..... GRADE ..... (2021)

..... GRADE ..... (2021)

**FOR OFFICE USE:** A/C NO. : .....

JAN	FEB	MAR	APR	MAY	JUN
JUL	AUG	SEP	OCT	NOV	