



GREENWOOD PRIMARY SCHOOL

Email: admin@greenwoodschool.co.za

Web: www.greenwoodschool.co.za

Park Drive
Port Elizabeth
Centrahil
6006

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Centrahil
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.

Please print clearly:

I, parent/ guardian of
..... in Grade (2024)
(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 1st, 15th, 20th, or 25th 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)

1ST 15TH 20TH 25TH

PUPIL / S NAMES : GRADE (2024)
..... GRADE (2024)
..... GRADE (2024)

Does your child/ren attend Aftercare? **YES or NO** (please circle)
Does your child/ren attend Music? **YES or NO** (please circle)

FOR OFFICE USE: A/C NO. :

JAN	FEB	MAR	APR	MAY	JUN
_____	_____	_____	_____	_____	_____
JUL	AUG	SEP	OCT	NOV	
_____	_____	_____	_____	_____	