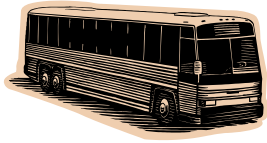




# HOËRSKOOL HERMANUS HIGH SCHOOL

PRINCIPAL MJ Smuts



(028) 312-3760  
 principal@hermanushigh.co.za  
 132, Hermanus, 7200  
 De Villiers Street, Hermanus  
 www.hermanushigh.co.za  
 bus@hermanushigh.co.za  
 Secretary: Mrs J. Booyens

## PTA BUSFUND DEBIT ORDER AUTHORISATION – 2025

For office use only	Debit Order No.:						
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### Account Holder Details:

Parent's Full Name and Surname						
Home Address						
Tel (home):	Tel (work):			Cell:		
<b>Learner's Surname</b>	<b>Learner's First Name</b>			<b>Bus Fees</b>		
<b>TOTAL Monthly Payment</b>				<b>R</b>		

### Bank Details:

Account Holder:														
Bank:														
Branch Name:									Branch Code:					
Account Type:	Cheque:			Savings:			Transmission:							
Account No.:														

Please attach a bank verification copy of your account number.

### Debit Order Processing: (1 January 2025 – 30 November 2025)

1 <sup>st</sup> of each month		15 <sup>th</sup> of each month		25 <sup>th</sup> of each month	
Last day of each month		Other date of choice			

NB: Please note that where the applicable day falls on a weekend or public holiday the debit order will be processed on the day closest to the applicable date. I, the undersigned, hereby authorize Hermanus High School to withdraw the above amount from my bank account. Unless cancelled in writing by the School, this arrangement remains valid until the full annual school fees have been paid.

### UNDERTAKING:

"I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights in terms of this authority to any third party without my/our prior written consent and the I/we may not delegate any of my/our obligations in terms of this authority to any third party without prior written consent of this authorized party."

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fee Payer (if not Account Holder)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name