SA BOARD OF JEWISH EDUCATION YEAR …….. (Phone: 480-4700 Fax: 485-1350)

Name of parent responsible for account: Title ………. First Name ………………….. Initials ……… Surname………………………………………	ACC NO: OFFICE USE

Address to which account must be sent:	Child's Name	Grade	School	Fees Amount	Bus Full / Half Ticket
Postal Code:	TOTAL				

Person to deal with re account payments .... Contact No ....

DIRECT TRANSFER : ACCOUNT SABJE - STANDARD BANK – ELOFF ST- BRANCH CODE: 001305 ACCOUNT: 001013890 FAX COPY TO 011-4851350 OR EMAIL TO luriem@sabje.co.za

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

CREDIT CARD FACILITIES – FOR UP FRONT PAYMENTS ONLY

SURNAME (on card): ________________ INITIALS: ________ PHONE NUMBER: __________

ID Number													

TYPE OF CREDIT CARD *tick the appropriate box :*	American Express	Master Card	Visa	CVC No. Last 3 / 4 numbers at the back of card. American Express front of card				

CREDIT CARD NO.																			EXPIRY DATE	

PLEASE DEBIT MY CREDIT CARD	In full	Quarterly	Monthly	OR	PLEASE DEBIT MY BUDGET PLAN	six months	twelve months	
AMOUNT	R				Amount in words			

Signature: ________________ Date: ___ ________/________/________

DEBIT ORDER INSTRUCTION – THE 1st OF THE MONTH (except in January when it will be on the 7th)

Name of Accountholder: .... PHONE NUMBER: __________

The details of my bank account : BANK: ....BRANCH : ....

BRANCH NUMBER									ACCOUNT NUMBER										

TYPE OF ACCOUNT	(Tick applicable box)	CURRENT (CHEQUE)	SAVINGS	TRANSMISSION	OTHER	

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 know 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.*
This authority may be cancelled by me/us giving you 30 (thirty) days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.
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: ___ ________/________/________

POST-DATED CHEQUES		PAYMENT IN FULL	

Name of Accountholder………………………………………………………………. Amount ……………………………………… Cheque Date ………………………………

SPONSORSHIP OF A PUPIL

I wish to contribute a total amount of R_______________towards the sponsorship of one or more pupils who cannot afford school fees, as the Board may select in it's discretion.
I wish to pay my contribution monthly/once off. I hereby authorize you to deduct such payment from my credit card/ debit order as per above. (In respect of your contribution, the SABJE will issue you with a receipt in terms of S18A).