



ST ANDREW'S COLLEGE



ST ANDREW'S PREPARATORY

Debit Order Authorisation Form

Please deduct the following amount from my bank account: ZAR _____

Once-off Monthly Annually

Frequency: (not applicable to once-off payments) x6 x12 x36 Other _____

Start date: 29th of MM / YYYY

Total contribution: ZAR _____

Project allocation/s: _____

Contact Details

Full name: _____

Address: _____

E-mail Address: _____

Telephone: (w) _____ (cell) _____

I am a South African taxpayer and wish to receive a Section 18a tax certificate

Account Details

Bank: _____

Branch: _____ Branch Code: _____

Account type: _____

Account holder: _____

Account number: _____

Signature: _____ Date: _____

Please return this form to foundation@sacschool.com