



Pro-Ed Akademie

'n Skool met 'n verskil...

Posbus 2085
Swakopmund

Tel: 064-405689
Fax: 064-405896



DEBIT ORDER APPLICATION – please attach copy of ID

PARENT / LEGAL GUARDIAN DETAILS:

Name of **Account** Holder : _____

Bank Name : _____

Branch Name & Branch Code : _____ & code _____

Account Number : _____ Cheque or Saving

Effective (first payment date) : ____/____/20__

Preferred Payment Date : 25th or month-end or 1st or other, specify:

Frequency Period : M = Monthly or Y = Yearly

Amount Payable : N\$ _____ - ____ (Words) _____

I herewith give permission that the debit order amount be adjusted annually, in accordance with annual adjustment on school fees, as approved by the Pro-Ed Akademie Board.

In case of any changes on the above, or where the learner(s) listed below will no longer be enrolled with Pro-Ed Akademie, I undertake to give one month's written notice.

Name & Signature of account holder	Signature verified (Witness)	Date
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Student(s) Enrolled : _____

BENEFICIARY DETAILS:

Account Number : 8001014576
Bank Details : Bank Windhoek Swakopmund (481-772)
Beneficiary Name : Pro-Ed Akademie
Debit Order Ref. No. : _____ (for office use only)

E-pos: pro-ed@iway.na & pro-edfinansies@iway.na & pro-edkantoor@iway.na
www.proedakademie.com