



# UNITED HERZLIA SCHOOLS

## בתיה"ס המאוחדים הרצליה

ת"ס

### DEBIT ORDER FORM

PLEASE PRINT CLEARLY AND NEATLY IN BLACK INK

SURNAME AND FULL NAME OF PAYER .....

NAME OF BANK .....

ACCOUNT NUMBER: ..... BRANCH CODE: .....

FAMILY NUMBER: .....

DATE OF DEBIT ORDER TO BE PRESENTED:

1 <sup>st</sup>	7 <sup>th</sup>	15 <sup>th</sup>	25 <sup>th</sup>	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>
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Please note that Debit Orders run from January to December (inclusive) each year.

QUARTERLY – 25 <sup>th</sup> January / 25 <sup>th</sup> April / 25 <sup>th</sup> July / 25 <sup>th</sup> October
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COMMENCEMENT DATE OF FIRST DEBIT ORDER: .....

I, the undersigned, request UNITED HERZLIA SCHOOLS (UHS) to draw against my bank account, monthly, the amounts payable and due for school fees at the particular time by me, and similarly authorise my bank to debit my account with any debits drawn against it by the UHS and treat each one as if it had been signed by me personally.

I FURTHER UNDERSTAND AND UNDERTAKE THAT EITHER I OR THE UHS MAY CANCEL THIS ARRANGEMENT IN WRITING, BUT THAT SUCH CANCELLATION WILL HAVE NO EFFECT ON ANY WITHDRAWALS ALREADY MADE BY THE UHS AND THE BANK IN ACCORDANCE WITH THIS REQUEST.

SIGNATURE OF PAYER: .....

DATE: .....