



1863
ST ANDREW'S SCHOOL
BLOEMFONTEIN

A. Authority

Given by (ACCOUNT HOLDER)

Account type:

	Current	Savings	Transmission
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Account holder's Name:												
Surname:												
Tel Number:												
Bank:												
Account Nr:												
Branch code:												
Address:												

Amount:

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Date:

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To (BENEFICIARY DETAILS)

Name	S	T		A	N	D	R	E	W	S		S	C	H	O	O	L
Abbreviated Name	S	A	S		B	F	N										
Contact Number:	0	5	1		4	4	4		2	6	3	9					
Address:	GEN DAN PIENAAR DR, WESTDENE, BLOEMFONTEIN, 9301																

This signed Authority and mandate refers to our contract to our contract dated _____
I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as

