

Name

DETAILS OF THE ACCOUNT HOLDER

I, the undersigned accept the following conditions of this authorisation:

Cornerstone Institute may cancel the debit order should my bank details disallow a debit against my

Account on two consecutive occasions for any reason and any bank charges be debited to the students account.

NAME

ID NUMBER

BANKING DETAILS:

Bank

Account Number

(Note: this is NOT the card number)

Branch

Branch Code

Debit Date

D	D	M	M	C	C	Y	Y
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Monthly Amount

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Tel Number during Office Hours

Email Address

Signature of Account Holder: _____

FOR OFFICE USE:

Date Received

D	D	M	M	C	C	Y	Y
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Date Processed

D	D	M	M	C	C	Y	Y
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Processed By