DISTRICT:	



YOUR SCHOOL:
YOUR CELL NO

PROVINCIAL ADMINISTRATION: WESTERN CAPE

BAS ENTITY MAINTENANCE

		Bank De	etails			
DETAILS OF ACCOU	NT HOLDER:					
Name: Address:						
Postal Code: Contact Person: E-mail Address:	Tel. No.					
Educator/Official: Pers	al No.			(If applicable to account holder)		
I/We hereby request and au the mentioned bank.	thorise you to pay ar	ny amounts, wh	nich may accrue	e to me/us to the credit of my/our account with		
"ACB ELECTRONIC BANK provided by my/our bank, bu (This does not apply where I/We understand that a payr	TRANSFER SERVIC at details of each pay it is not customary fo ment advice will be so	CE", and I/We a yment will be proper banks to furn upplied by the	also understand rinted on my/ou nish bank staten Department in t	by computer through a system know as the dightat no additional advice of payment will be in bank statement or any accompanying voucher nents). The normal way, and that it will indicate the date celled by me/us by giving thirty days notice by		
Initials and Surname	Autho	rized Signat	ure	Date		
Name of Bank						
Name of Branch						
Branch Code						
Account Number						
Type of Account	Current Accou	unt [
	Savings Accou	unt [
	Transmission	Account [
DATE STAMP OF BAI CERTIFIED AS CORR BANK OFFICIAL SIGN	RECT AS WELL		RS	ADDRESS TO SEND THE BANK PAYMENT STUB (Same as above)		