



SOUTH AFRICAN PRINCIPALS' ASSOCIATION

**P.O BOX 11933
POLOKWANE
0699**

**Email: admin@sapalimpopo.co.za
Cell: 072 226 5293 / 083 509 2074**

A DEBIT ORDER AUTHORISATION

I hereby authorize the deduction of **R100.00** on a monthly basis from (which date)as membership fee to SAPA-LIMPOPO.

Surname :

Names :

ID No. :Persal:

Tel (w):Tel (h):.....Cell:

Fax no. : e-mail address:

Postal Address:

.....

.....

Residential Address:

.....

School Name :

School Address:

.....

District:

Bank:

Branch:Branch code:

Type of account: Cheque/Transmission/Savings

Account No. :

I the undersigned hereby authorized the stop order to be made to:

Account name: SAPA LIMPOPO

Account no.: 330066420

Bank : Standard

Branch code: 052548

Type of account: Cheque

Authorized Signature: Date :

NB. Complete two forms and submit the first copy to your bank and send it to admin@sapalimpopo.co.za