

PAYMENT OPTION FORM

Please complete and return this form to the College, attaching your nominated authority form (if applicable)

Fee Payer Name: _____ Family Account Code: _____
 Students Name/s: _____

Please nominate your method of payment from Option 1, or 2 by ticking the appropriate boxes

Option 1: Lump Sum Payment

A Discount per student is offered for this option if the Annual Tuition Fees are paid in full by the due date. Please refer to the current Schedule of Fees.

- Credit Card** - will be debited from your Credit Card with the appropriate discount processed
- Direct Debit** - will be debited from your account with the appropriate discount processed
- Bpay *** - to be in the College Bank account by the due date for the appropriate discount to be processed
- Cheque** (option available for the start of the year only)

Option 2: Payment in 10 instalments

- Credit Card (College Scheduled Payment Plan):** 10 x equal monthly instalments will be debited from your Credit Card on the **25th** of each month (or nearest bank trading day) from February to November
- Direct Debit (College Scheduled Payment Plan):** 10 x equal monthly instalments will be debited from your account on the **15th or 30th** of each month (or nearest bank trading day) from February to November
- Bpay:*** 10 x equal monthly instalments – **please ensure your remittance is paid by the due date** **15th or 30th** of each month (or nearest bank trading day) from February to November

DECLARATION (to be signed by the parents/guardians as nominated on the student's initial enrolment form as the fee payer)

I/ We accept that the College requires us to nominate a scheduled payment plan and it is our responsibility to ensure there are sufficient funds in our nominated bank account to meet these payments when they fall due.

I/ We understand that if there are not sufficient funds to meet the scheduled payment and bank fees are incurred as a result, I/ We shall be responsible for payment of these charges.

I/ We understand that the signed authority will remain in force until all outstanding fees have been settled and any changes to my payment plan need to be submitted in writing.

I/ We acknowledge and understand that I/We are solely and jointly responsible for the Annual Tuition Fees to be paid in a timely manner and that these fees will be paid in full by the end of each school year.

I/We confirm that I/We have read the College Fee Policy and accept these terms and conditions.

Signed: _____

Signed: _____

Name: _____

Name: _____

Date: _____

Date: _____