

### 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 **25<sup>th</sup>** 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 **15<sup>th</sup> or 30<sup>th</sup>** 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** **15<sup>th</sup> or 30<sup>th</sup>** 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: \_\_\_\_\_