

**PAYMENT OPTION FORM**

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

Parent/Guardian 1: \_\_\_\_\_ Family Account Code: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

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

**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

**DECLARATION** - to be signed by Enrolment Form signatories

**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.**

Parent / Guardian 1:

Parent/Guardian 2:

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_