

Parent/s Name: _____ Account Code if known: __ __ __ __

Student name/s: _____

This payment authority will automatically continue each year you have a child enrolled at the College, or an outstanding balance remains. The authority will continue until the account is fully paid.

FREQUENCY

Please select ONE of the options below:

- Full Annual Payment by 31 March** to receive early payment discount of 5% on Tuition Fee
- Quarterly Payments** to be paid during the first week of each term
- 9 Monthly Instalments** to be paid on the last day of the month, February to October.
- 18 Fortnightly Instalments** commencing the first week in March
- Ongoing Weekly Payments** by special arrangement only – please call 08 6556 7409

ALL SCHOOL FEE ACCOUNTS ARE TO BE FULLY PAID BY 1 NOVEMBER EACH YEAR

PAYMENT METHOD

Please select ONE of the options below:

- Direct Debit scheduled payments** (provide your debit/credit card or bank details below)
- BPAY**
- Payments direct to the College**

DEBIT AUTHORITY

I agree to pay school fees in instalments as indicated above. I acknowledge that this authority will remain valid until I provide written direction to cancel the authority, or the account is paid in full.

Name on card: _____	Expiry Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CCV: <input type="text"/> <input type="text"/> <input type="text"/>

OR

I/We request and authorise Servite College (APCA Number 301201) to arrange, through its own financial institution, a debit to the bank account at the financial institution nominated below in accordance with the terms and conditions of the Direct Debit Service Agreement on page 2 of this form.

Financial Institution/Bank: _____	BSB: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Bank Account Name: _____	Account No. _____

Signature of parent/card/bank account holder: _____ Date: - -

Should you wish to amend or cancel this Ongoing Payment Agreement please email accounts@servite.wa.edu.au or call 08 6556 7409

Direct Debit Request Service Agreement

Servite College (the College) reserves the right to make any changes necessary to the Direct Debit arrangements at any time.

By signing this Debit Authority, you request and authorise us to arrange for funds to be debited from your account according to the agreement which we have with you. The amounts drawn will be as due under that agreement, any agreed variations to it thereafter, or any greater amount which you instruct us to draw, provided such an instruction is given in the manner specified.

Where the amount due decreases, the College at its discretion may decrease the amount drawn from your account or, unless you instruct us to decrease it, continue to draw the higher amount.

For all matters concerning to request cancellation or deferment of, to stop any debit item, or alteration to, any of the debit arrangements, the customer will need to contact the College Accounts Receivable Officer one (1) month in advance for the amendments to take effect.

The customer should be aware that:

- Account details should be checked against a recent statement from your Financial Institution. If you are in any doubt, please check with your Financial Institution before completing this Debit Authority.
- It is your responsibility to advise the College if your nominated account is altered, transferred or closed.
- It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.
- The College (Debit User) is able to verify the details of the abovementioned account with my/our Financial Institution.
- The Financial Institution is able to release information allowing the College (Debit User) to verify the abovementioned account details.

If you believe there has been an error in debiting your account, you should contact the College Accounts Receivable Officer on 08 6556 7409 during office hours so that we can resolve your query quickly.

All customer records and account details will be kept private and confidential to be disclosed only at the request of yourself or a Financial Institution in connection with a claim made to an alleged incorrect or wrongful debit.