

# 2023 School Fee Payment Agreement Form



Please complete and Return to Office, no later Monday 28 November 2022

**(to be complete by all families)**

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

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Child/ren: \_\_\_\_\_ Year Level 2023: \_\_\_\_\_ / \_\_\_\_\_ Year Level 2023: \_\_\_\_\_  
\_\_\_\_\_ Year Level 2023: \_\_\_\_\_ / \_\_\_\_\_ Year Level 2023: \_\_\_\_\_

## Please indicate below your preferred option of payment:

- In Full at start of year – due by 1.3.23
- 20 x Fortnightly instalments - to commence: 1.3.23 and conclude 21.11.23
- 3 x equal instalments due Term 1,2,3 – due 1.3.23, 1.6.23 and 1.9.23
- 8 x Monthly instalments – due 1<sup>st</sup> each month (March to October 23)
- Other: \_\_\_\_\_  
(please contact Finance Officer to discuss)
- \*As per 2022 Payment Plan (please specify) \_\_\_\_\_

\*For existing families, your current 2022 Payment Plan will stay the same and rollover into 2023.  
Please complete direct debit forms should your bank account or credit card details have changed.

## Payment Method:

- Cash / BPAY / QKR
- Direct Debit – Bank Account
- Direct Debit – Credit Card
- Direct Debit – Centrelink Payment

New families: Please complete the appropriate direct debit form (attached) – Hard Copy must be sent back to office (please do not email)

I/We understand that the School bases its budget on my commitments and accept responsibility for the payment of school fees for 2023 for my/our child/ren.

**All Payment Plans need to be in place by end of Week 1, Term 1 2023.**

Please contact Mrs Helen Crosato should you have any queries.

T 8206 5103 E [hcrosato@stjopayn.catholic.edu.au](mailto:hcrosato@stjopayn.catholic.edu.au)

2023 Statements will be posted home by end of Week 2, Term 1 2023 with confirmation of Payment Plan

\_\_\_\_\_  
Parent/Guardian Name / Signature

\_\_\_\_\_  
Parent/Guardian Name / Signature.

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

### OFFICE USE ONLY:

Acct No: \_\_\_\_\_ Total Account: \$ \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ Direct Debit: Bank/Credit Card/Other

Commencing: / /23 Concluding: / /23 Entered: CDF / Fat Zebra / Other

## Direct Debit Request Service Agreement

### Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you (and includes any Form PD-C approved for use in the transitional period).

transitional period means the period commencing on the industry implementation date for Direct Debit Requests (currently 31 March 2000) and concluding 12 calendar months from that date.

us or we means Diocesan Presbytery Fund you have authorised by signing a direct debit request.

you means the customer who signed the direct debit request.

your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

### 1. Debiting your account

1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.

1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the previous business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

### 2. Changes by us

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days' written notice.

### 3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on (08) 8210 8156.

3.2 If you wish to stop or delay a debit payment you must notify us in writing at least 28 days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your account at any time by giving us 7 days notice in writing before the next debit day. This notice should be given to us in the first instance.

### 4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may also incur fees or charges imposed or incurred by us; and
- (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

4.4 If National Australia Bank Limited A.C.N. 004 044 937 ("National") is liable to pay goods and services tax ("GST") on a supply made by the National in connection with this agreement, then you agree to pay the National on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

### 5. Disputes

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on (08) 8210 8211 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

### 7. Confidentiality

7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

### 8. Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Diocesan Presbytery Fund, PO Box 1364, ADELAIDE SA 5001

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

8.3 Any notice will be deemed to have been received two business days after it is posted.





# DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay Catholic Church Endowment Society Inc

<b>Request and Authority to debit</b>	Surname or company name _____ Given names or ACFNARBN _____ ("you") <small>request and authorize Catholic Church Endowment Society Inc Debit User ID 118305 to arrange for any amount Catholic Church Endowment Society Inc may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).</small>
<b>Insert the name and address of financial institution at which account is held</b>	Financial institution name _____ Address _____
<b>Insert details of account to be debited</b>	Name of account (holder) _____ BSB number  __ _ _  -  __ _ _       Account number  __ _ _ _ _ _ _ _ _ _ _
<b>Acknowledgment</b>	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Catholic Church Endowment Society Inc as set out in this Request and in your Direct Debit Request Service Agreement.
<b>Payment Details</b>	<input type="checkbox"/> The first debit may be made on ____ / ____ / ____ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that <input type="checkbox"/> Payment Amount is to be \$_____ and/or as amended in accordance with written instructions provided by you. <input type="checkbox"/> This authority will remain in place until: ____ / ____ / ____ (or) : Written request to cancel/suspend payments is provided by you. <i>(please delete one of these options)</i>
<b>Please Tick</b>	<input type="checkbox"/> I have received and read a copy of the Direct Debit Service Agreement
<b>Insert your signature, address and Telephone No</b>	Signature _____ <i>(If signing for a company, sign and print full name and capacity for signing eg. director)</i> Address _____ _____ Date ____ / ____ / ____      Telephone No: _____ Child's Name _____

FOR OFFICE USE ONLY:

<b>New Agreement / Amendment of Existing Authority No. _____</b>	
CDF Account Name _____	CDF Account Number: _____
Contact Person: _____	Family Code: _____
<b>Date Posted:</b> _____	

FOR CDF USE ONLY:

<b>Date CDF Received:</b> 
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<b>Date Loaded:</b>
<b>Loaded By:</b>
<b>Authority Number:</b>