2024 School Fee Payment Agreement Form



Please complete and Return to Office, no later Monday 27 November 2023 **(to be complete by all families)**

a		<u>:</u>
Child/ren:	Year Level 2024:/	Year Level 2024:
	/ Year Level 2024:/	Year Level 2024:
_	ow your preferred option of payment:	
	year – due by 1.3.24	
	nents due Term 1,2 and 3 – due 1.3.24,	
20 x Fortnightly	instalments - to commence: 1.3.24 and	conclude 22.11.24 – Direct Debit only
8 x Monthly insta	alments – due 1 st each month (March to 0	October 24) - Direct Debit only
Other:	Finance Officer to discuss)	
(please contact	Finance Officer to discuss)	
*As per 2023 Pa	yment Plan (please specify)	
	your current 2023 Payment Plan will stay the telebit forms should your bank account or cre	
Payment Method:		
	- Bank Account / Credit Card (please ens - Centrelink Payment Qkr/	/BPay/Cash
	The state of the s	orm (attached) – Hard Copy must be sent
back to office (please	e do not email) Il Payment Plans need to be in place b	by end of Week 1, Term 1 2024.
back to office (please A Please contact Mrs He	e do not email) Il Payment Plans need to be in place be len Crosato should you have any queries:T	
back to office (please A Please contact Mrs He	e do not email) Il Payment Plans need to be in place be len Crosato should you have any queries:T	by end of Week 1, Term 1 2024. 3206 5103 E hcrosato@stjopayn.catholic.edu.a m 1 2024 with confirmation of Payment Pla
A Please contact Mrs He 2024 Statements will I/We by the signature/s be	e do not email) Il Payment Plans need to be in place be len Crosato should you have any queries:T	by end of Week 1, Term 1 2024. 3206 5103 E hcrosato@stjopayn.catholic.edu.acm 1 2024 with confirmation of Payment Pla (Parent/Guardian Name) acknowledge
A Please contact Mrs He 2024 Statements will I/We by the signature/s be responsible for the p	Il Payment Plans need to be in place belien Crosato should you have any queries:T & I be posted home by end of Week 2, Terrelelow that as the enrolling parents/guardia ayment of all fees and charges.	by end of Week 1, Term 1 2024. 3206 5103 E hcrosato@stjopayn.catholic.edu.a m 1 2024 with confirmation of Payment Pla (Parent/Guardian Name) acknowledge
A Please contact Mrs He 2024 Statements will I/We by the signature/s be	Il Payment Plans need to be in place below that as the enrolling parents/guardia ayment of all fees and charges. Plant Plans need to be in place below that as the enrolling parents/guardia ayment of all fees and charges. Parent Plans need to be in place below that below have any queries: Ten place below that as the enrolling parents/guardia ayment of all fees and charges.	by end of Week 1, Term 1 2024. 3206 5103 E hcrosato@stjopayn.catholic.edu.acm 1 2024 with confirmation of Payment Pla (Parent/Guardian Name) acknowledge ins, I/We are jointly and individually
Please contact Mrs He 2024 Statements will I/We by the signature/s be responsible for the p Parent/Guardian 1Si Date: TE USE ONLY:	Il Payment Plans need to be in place belien Crosato should you have any queries:T & I be posted home by end of Week 2, Terrelelow that as the enrolling parents/guardia ayment of all fees and charges. Grant Parent Paren	by end of Week 1, Term 1 2024. 3206 5103 E hcrosato@stjopayn.catholic.edu.acm 1 2024 with confirmation of Payment Pla (Parent/Guardian Name) acknowledge ins, I/We are jointly and individually



CREDIT CARD REGULAR PAYMENT REQUEST

Reque	est and Authority to debit the credit card account named below to pay	
Request and Authority to debit credit card account	Name Address Email request and authorise to debit my credit card account as detailed below to pay my This authority remains in force until such time that I provide written instruction to amend or cancel this authority.	
Insert details of credit card account to be debited	Name of cardholder Type of credit card Mastercard / VISA Account number	
Debit Frequency	☐ The first debit may be made on / / and at weekly / fortnightly / monthly / quarterly / half yearly / yearly intervals after that.	
Debit Amount	☐ The amount to be debited each time is \$ _ _ - _ (Amount in words)	
Debit End Date	☐ The debits are to continue: until further notice OR until / / .	
Insert your signature	Signature // Child's Name	
FOR OFFICE USE ONLY:		
New Agreement / Amendment of Existing Authority Family Code:		
Date Received:	Date Actioned:	
Staff member (actioned by		



DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay Catholic Church Endowment Society Inc		
Request and Authority	Surname or company name	
to debit	Given names or ACN/ARBN("you")	
	request and authorise Catholic Church Endowment Society Inc Debit User ID 113325 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].	
Insert the name and	Financial institution name	
address of financial institution at which	Address	
account is held		
Insert details of account	Name of account (holder)	
to be debited		
	BSB number	
Acknowledgment	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.	
	☐ The first debit may be made on/ and at	
Payment Details	weekly / fortnightly / monthly / quarterly / half yearly / intervals after that	
	Payment Amount is to be \$ and/or as amended in accordance with written	
	instructions provided by you.	
	☐ This authority will remain in place until:/ (or)	
	: Written request to cancel/suspend payments is provided by you.	
	(please delete one of these options)	
Please Tick	I have received and read a copy of the Direct Debit Service Agreement	
Insert your signature,	Signature	
address and	(If signing for a company, sign and print full name and capacity for signing eg. director)	
Telephone No	Address	
	Date/ / Telephone No:	
FOR OFFICE USE ONLY:	Child's Name	
FUR OFFICE USE UNLT:		
New Agreement / Amendment of Existing Authority No		
CDF Account Name	CDF Account Number:	
Contact Person: HCICN Crosqto Family Code:		
Date Posted:		



Definitions



Direct Debit Request Service Agreement

5 Dispute

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

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

ousiness 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).

ransitional 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 Catholic Church Endowment Society Inc. you have authorised by signing a direct debit

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.

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

If the debit day falls on a day that is not a business day, we may direct your financial institution to We will only arrange for funds to be debited from your account as authorised in the direct debit 3

2

1. Debiting your

account

7. Confidentiality

f you are unsure about which day your account has or will be debited you should ask your financial debit your account on the previous business day.

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. 2.1 SI

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

3. Changes by you

2. Changes by

If you wish to stop or defer 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 3.2

notice in writing before the next debit day. This notice should be given to us in the first instance. It is your responsibility to ensure that there are sufficient clear funds available in your account to You may also cancel your authority for us to debit your account at any time by giving us 7 days 3.3 4.1

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

allow a debit payment to be made in accordance with the direct debit request

4. Your obligations

you may be charged a fee and/or interest by your financial institution; (a)

you may also incur fees or charges imposed or incurred by us; and (p)

sufficient clear funds to be in your account by an agreed time so that we can process the you must arrange for the debit payment to be made by another method or arrange for (0)

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

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. 4.4

8210 8211 and confirm that notice in writing with us as soon as possible so that we can resolve If you believe that there has been an error in debiting your account, you should notify us directly on *rour* query more quickly (80) 5.1

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. 5.2

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 5.3

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

You should check:

6. Accounts

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 (a)

your account details which you have provided to us are correct by checking them against a recent account statement; and (Q)

with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request. (0)

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 We will keep any information (including your account details) in your direct debit request confidential. any unauthorised use, modification, reproduction or disclosure of that information. 7.1

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

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

If you wish to notify us in writing about anything relating to this agreement, you should write to : Catholic Church Endowment Society Inc., PO Box 1364, ADELAIDE SA 500: 8.1

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

8.2

8. Notice

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