2025 SCHOOL FEE PAYMENT AGREEMENT FORM



Please complete and return to the Front Office, by no later Monday 26 November 2024 (to be completed by all families)

| Email: | | Ph: | |
|---|--|---|--|
| Child/ren: | Yr. Level 2024: | / | Yr. Level 2024: |
| | Yr. Level 2024: | / | Yr Level 2024: |
| Please indicate belo | w your preferred option of p | payment: | |
| In Full at start of y | year – due by 1.3.25 | | |
| 3 x Equal instalm | ents due Term 1, 2 and 3 – du | ue 1.3.2025, 1.6.20 | 25 and 1.9.2025 |
| 20 x Fortnightly in | nstalments – to commence: 1. | 3.2025 and conclud | de 21.11.2025 – Direct Debit onl |
| 8 x Monthly instal | lments – due 1st each month (| March to October 2 | 2025) – Direct Debit only |
| Other: | | | |
| " | inance Officer to discuss) | | |
| *As per 2024 Pay | ment Plan (please specify): _ | | |
| | our current 2024 Payment Plan w debit forms should your bank acc | | |
| , | , | | 3 |
| Payment Method: | | | |
| Direct Debit - | Bank Account / Credit Card (p | olease ensure direc | t dehit form is completed) |
| | | | • • |
| | | | |
| Direct Debit – | Centrelink Payment | Qkr/BPay/Ca | sh |
| | complete the appropriate dire | | sh ned) – Hard Copy must be sent |
| New families: Please back to office (please | complete the appropriate dired do not email). | ct debit form (attach | ned) – Hard Copy must be sent |
| New families: Please back to office (please | complete the appropriate direction do not email). Payment Plans need to be in | ct debit form (attack | ned) – Hard Copy must be sent |
| New families: Please back to office (please All F Please contact Mrs Heler | complete the appropriate direction do not email). Payment Plans need to be in a Crosato should you have any que | ct debit form (attack place by end of Veries: T 8206 5103 E | ned) – Hard Copy must be sent Veek 1, Term One, 2025 hcrosato@stjopayn.catholic.edu.au |
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| New families: Please back to office (please All F Please contact Mrs Heler 2025 Statements will b I/We by the signature/s below | complete the appropriate direction on the email). Payment Plans need to be in a Crosato should you have any queen the posted home by end of Week ow that as the enrolling paren | place by end of Veries: T 8206 5103 E 2, Term 1, 2025 with ts/guardians, I/we a | Neek 1, Term One, 2025 hcrosato@stjopayn.catholic.edu.au th confirmation of Payment Plan ent/guardian name) acknowledg |
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| New families: Please back to office (please All F Please contact Mrs Heler 2025 Statements will b I/We by the signature/s beloresponsible for the pa | complete the appropriate direction on the email). Payment Plans need to be in a Crosato should you have any quest e posted home by end of Week ow that as the enrolling parentyment of all fees and charges gnature | place by end of Veries: T 8206 5103 E 2, Term 1, 2025 wites/guardians, I/we a | Veek 1, Term One, 2025 hcrosato@stjopayn.catholic.edu.au th confirmation of Payment Plan ent/guardian name) acknowledgare jointly and individually |

Commencing: / /2025 Concluding: / /2025 Entered: CDF / Fat Zebra



CREDIT CARD REGULAR PAYMENT REQUEST

| Since 1978 | | |
|--|---|--|
| Reque | st 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 | |
| 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 | |
| FOR OFFICE USE ONLY: | | |
| New Agreement / Amendment of Existing Authority | | |
| Family Code: | | |
| Date Received: | Date Actioned: | |
| Staff member (actioned b | v): | |



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 address of financial institution at which account is held | Financial institution name Address | |
| 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. | |
| Payment Details | ☐ The first debit may be made on / and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that | |
| rayment Details | □ 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 Signature | |
| Insert your signature, address and | (If signing for a company, sign and print full name and capacity for signing eg. director) | |
| Telephone No | Address | |
| | | |
| | | |
| | | |
| FOR OFFICE USE ONLY: | | |
| 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

1. Debiting your

account

We will only arrange for funds to be debited from your account as authorised in the direct debit 2 3

7. Confidentiality

f you are unsure about which day your account has or will be debited you should ask your financial 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.

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

8. Notice

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

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

4.1

4. Your obligations

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

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

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