

Debtor Name: Debtor ID:

Payment Arrangement

I agree to pay my school fees according to the Mater Christi College Fee Schedule and elect the following frequency:

Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly *	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Annually **	<input type="checkbox"/>
<i>Commencing Friday</i> _____		<i>Commencing Friday</i> _____		<i>Commencing</i> 20/___/201_		<i>Commencing</i> 20/___/201_		<i>Early Payment discount available. Pay in full by</i> 20/02/201_	

*Monthly payment deductions are deducted over 10 months, from 20 November to 20 August each year.

**Annual payment: Please contact the Finance Office to discuss payment options.

Direct Debit Request

Name and address of Financial Institution where your account is held:

.....

I/
We

..... (Surname or Company/Business Name) (Given Names or (ACN/ARBN))

request that you, until further notice in writing, debit the account described in the schedule below any amount which Mater Christi College (The User, User ID 011929) may debit or charge me/us.

I/We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it or any moneys pursuant to this request or any authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.
4. If the Direct Debit is rejected by the bank due to lack of funds, any bank charges incurred by the College will be added to my account.

Bank Account

Account Name:

BSB No: Account No:

Credit Card

Name as shown on credit card: VISA MasterCard

Credit Card No: Expiry Date:

CCV No: [][][]

Account/Card Holder Signature(s): (If a joint account all signatures are required)

Date:

FINANCE OFFICER:	DATE:
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