

FOR OFFICE USE ONLY

Finance Signature:

Date:



Payment Arrangement and Direct Debit Form

For all finance enquiries: 9757 0998 or accounts@materchristi.edu.au

Parent Name:	Parent ID:
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Payment Arrangement

I agree to pay College fees according to the Mater Christi College Fee Schedule and elect the following frequency: **CIRCLE ONE**

WEEKLY	FORTNIGHTLY	MONTHLY	QUARTERLY	ANNUALLY
Deductions commence from first Friday of the month from Nov to Oct		Deductions over 12 months, from 20 Nov to 20 Oct	Deductions 20 Nov, 20 Feb, 20 May, 20 Aug	Early Payment discount if paid in full by 20 Nov OR 25% by 20 Nov Balance by 20 Feb

Date of first payment: _____

Direct Debit Request

Surname or Company/Business Name	Given Names or ACN/ARBN
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I/We agree that Mater Christi College (user ID: 011929) may debit or charge the account below for College fees until further notice. I/We also 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 Name	BSB Number	Account Number

OR

Name on Credit Card	Credit Card Number	Expiry Date	CCV No.

Account/Card Holder Signature(s):

Date: