



# ST. JAMES CATHOLIC COLLEGE

## PAYMENT ARRANGEMENT FORM

**DEBTOR ID/DEBTOR ACCOUNT NAME**

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**Name of each child at [name of school]**

**Class**

Name of each child at [name of school]	Class

### PAYMENT IN FULL

Families will be issued with an annual invoice at the commencement of the school year. This invoice is due and payable in full 30 days after the date of issue. If you are unable to provide payment in full within 30 days of invoice, please complete the section below.

Please note that any payment arrangement entered into is purely administrative. Notwithstanding the amount invoiced, in the event of default on payment arrangements the total amount outstanding will become immediately due. The school reserves its right to take steps to recover payment in full.

### PAYMENT ARRANGEMENT (only complete this section if not paying in full by the due date)

Where parents/guardians manage their finances separately from each other they may wish to split payment of fees between them by completing both sections below. However, most parents/guardians jointly pay fees and should only complete the section 1 below.

This arrangement will remain in place indefinitely, unless or until a new payment arrangement is entered into. If your payment preferences or details change, you are responsible for updating this information. Please request a new payment arrangement form.

Please note that any payment arrangement entered into is purely administrative. Notwithstanding the amount invoiced, in the event of default on payment arrangements the total amount outstanding will become immediately due. The school reserves its right to take steps to recover payment in full.

Completion of this section will not change the name on your debtor account, which has been established in accordance with signatories to the enrolment of the student.

Monthly payments are to be made in 10 instalments due on the 28<sup>th</sup> of each month from February to November; and

**if both signatories to the enrolment are jointly paying the account, please complete section 1 below. If each signatory to the enrolment wishes to pay a portion of the account, please complete both section 1 and section 2.**

**If you wish to make a payment arrangement involving more than two (2) parties, please contact the school.**

**Section 1 – Parent/guardian 1 (or both, if paying account jointly)**

- PARENTS/GUARDIANS PAYING JOINTLY  
 PARENT/GUARDIAN 1  
 OTHER (please specify) \_\_\_\_\_

Name/s: \_\_\_\_\_

Percentage to be paid: \_\_\_\_\_ %

FREQUENCY	METHOD
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	<input type="checkbox"/> Direct Debit (please complete the CDF direct debit form) <input type="checkbox"/> BPAY/Bpoint (please refer to your statement/invoice for your biller code and reference number) <input type="checkbox"/> EFTPOS/Cash (please attend the school in person) <input type="checkbox"/> Centrepay (please contact the school office to arrange)
<input type="checkbox"/> Monthly	<input type="checkbox"/> Credit/Debit Card (please complete the Credit Card Authority)

**Section 2 – Parent/Guardian 2 (only if paying portion of account)**

- PARENT/GUARDIAN 2  
 OTHER (please specify) \_\_\_\_\_

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

Percentage to be paid: \_\_\_\_\_ %

FREQUENCY	METHOD
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	<input type="checkbox"/> Direct Debit (please complete the CDF direct debit form) <input type="checkbox"/> BPAY/Bpoint (please refer to your statement/invoice for your biller code and reference number) <input type="checkbox"/> EFTPOS/Cash (please attend the school in person) <input type="checkbox"/> Centrepay (please contact the school office to arrange)
<input type="checkbox"/> Monthly	<input type="checkbox"/> Credit/Debit Card (please complete the Credit Card Authority)

Only signatories to the enrolment can approve/agree to a payment arrangement. By signing this document each parent/guardian confirms their agreement to the arrangement outlined above. Separate copies of the form can be signed by each parent/guardian if convenient.

Parent/Guardian 1	Parent/Guardian 2
Name: (please print)	Name: (please print)
Signature:	Signature:
Date:	Date: