



**Mount
Carmel
College**

Courage.
Compassion.
Justice.

PAYMENT ARRANGEMENTS FORM

SECTION 1 – FAMILY DETAILS

Name of each child at Mount Carmel College	Class

Parent/Guardian 1		Parent/Guardian 2	
Name		Name	
Signature		Signature	
Date		Date	

By signing this document each parent/guardian confirms their agreement to the payment arrangements outlined in section 2. Separate copies of the form can be signed by each parent/guardian if convenient.

Where parents/guardians manage their finances separately from each other they may wish to split payment of fees between them by completing both columns below. However, most parents/guardians jointly pay fees and should only complete the left column in section 2.

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.



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SECTION 2 – PAYMENT ARRANGEMENTS

	Parent/Guardian 1 or both if jointly paying	Parent/Guardian 2 (only if not jointly paying)
Percentage of fees	<input type="checkbox"/> Jointly Responsible or _____ %	_____ % (only complete if not jointly paying)
Payment Frequency	<input type="checkbox"/> Annually* <input type="checkbox"/> At the start of each term <input type="checkbox"/> Monthly^ <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly	<input type="checkbox"/> Annually* <input type="checkbox"/> At the start of each term <input type="checkbox"/> Monthly^ <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly
Payment Method	<input type="checkbox"/> Direct Debit <input type="checkbox"/> Scheduled Credit/Debit Card <input type="checkbox"/> Bpay/Bpoint (see details on invoice) <input type="checkbox"/> EFT/Bank Deposit (See details on invoice) <input type="checkbox"/> EFTPOS/cash/cheque (in person at school) <input type="checkbox"/> Centrepay (contact Centrelink to arrange)	<input type="checkbox"/> Direct Debit <input type="checkbox"/> Scheduled Credit/Debit Card <input type="checkbox"/> Bpay/Bpoint (see details on invoice) <input type="checkbox"/> EFT/Bank Deposit (See details on invoice) <input type="checkbox"/> EFTPOS/cash/cheque (in person at school) <input type="checkbox"/> Centrepay (contact Centrelink to arrange)

Please note that these payment arrangements are administrative only and do not affect your ultimate joint and several legal liabilities for the entire amount of the fees.

In the event of default on payment arrangements, the total amount outstanding will become immediately due and the school reserves its right to take steps to recover it in full.

*Annual payments received by the school before 31 March attract a \$100.00 discount on fees. Annual payments cannot be made by direct debit or Centrepay.

^Monthly payments are to be made in 10 instalments due:

- At the end of each month February to November; and
- By the end of Term 4, a final payment settling the account in full



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SECTION 3 – CREDIT/DEBIT CARD DETAILS

Complete this section where schedule credit/debit card has been chosen as a payment method. Payments will be processed on 14 or 28 of each month from February to November. On occasions where a scheduled payment falls due on a weekend, public holiday or during a school holiday break, the payment will be processed on the following business day or as soon as possible thereafter.

Parent/Guardian 1			
Cardholder name		Amount	\$
Card Number	-----	Expiry Date	-- / --
Signature		CCV	
Date to be taken out (please circle)	14 of each month	28 of each month	

Parent/Guardian 2			
Cardholder name		Amount	\$
Card Number	-----	Expiry Date	-- / --
Signature		CCV	
Date to be taken out (please circle)	14 of each month	28 of each month	



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SECTION 4 – DIRECT DEBIT DETAILS

Complete this section where direct debit has been chosen as a payment method. Payments will be processed on 14 of each month OR the Thursday of each week, depending on the frequency of direct debit.

Parent/Guardian 1			
Name of Financial Institution			
Name of Account Holder			
BSB Number			
Account Number			
Maximum Amount to be debited	\$		
Frequency of Direct Debit (please circle)	Weekly	Fortnightly	Monthly (14 of each month)
First Payment Date (please nominate a Thursday)			

Parent/Guardian 2			
Name of Financial Institution			
Name of Account Holder			
BSB Number			
Account Number			
Maximum Amount to be debited	\$		
Frequency of Direct Debit (please circle)	Weekly	Fortnightly	Monthly (14 of each month)
First Payment Date (please nominate a Thursday)			

SECTION 5 – FEE ASSISTANCE

Fee assistance may be available for families experiencing financial difficulty.

Please contact the College Finance Department to discuss alternative arrangements.

accounts@mountcarmel.tas.edu.au / 03 6216 7900