

## 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 below. 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 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.

## SECTION 2 – PAYMENT ARRANGEMENTS

	<b>Parent/Guardian 1 or both if jointly paying</b>	<b>Parent/Guardian 2 (only if not jointly paying)</b>
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 (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 (in person at school) <input type="checkbox"/> Centrepay (contact Centrelink to arrange)

Please notify the College Office of any changes to Credit Card or Direct Debit details as soon as possible.

**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.

### 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<sup>th</sup> or 28<sup>th</sup> of each month from February to November. On occasions where a schedule 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 <sup>th</sup> of each month	28 <sup>th</sup> of each month	

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

## SECTION 4 – DIRECT DEBIT DETAILS

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

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

<b>Parent/Guardian 2</b>			
Name of Financial Institution			
BSB Number			
Account Number			
Maximum Amount to be debited	\$		
Frequency of Direct Debit (please circle)	Weekly	Fortnightly	Monthly (14 <sup>th</sup> 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 on (03) 6216 7900 or via email: [accounts@mountcarmel.tas.edu.au](mailto:accounts@mountcarmel.tas.edu.au)