



## Diocesan School Fee Payment Agreement

In accordance with the Diocesan School Fee Management Policy, Fee Payers are afforded flexibility in the way in which school fees may be paid. To facilitate this flexibility, families are required to complete a *School Fee Payment Agreement* to advise the school of their intended payment option for the 2020 school year. Please complete the form below and return to SACRED HEART KOORINGAL Office or email to [shk-info@ww.catholic.edu.au](mailto:shk-info@ww.catholic.edu.au) by 28th February 2020.

### Available Payment Terms

Please tick a box below to indicate your preferred payment option for 2020.

- Paying the invoice in full within 30 days of invoice date
- Weekly repayments commencing week of 6th March for 40 weeks, paid in full by 4th December 2020
- Fortnightly repayments commencing week of 13th March for 20 fortnights, paid in full by 4th December 2020
- Monthly repayments commencing week of 4th March for 10 months, paid in full by 4th December 2020
- Alternative arrangement
  - Request an appointment with the Business Manager or School Principal to discuss fees prior to 24th February 2020
  - Request an appointment with the Diocesan School Fee Liaison Manager prior to 24th February 2020.

For assistance in calculating the amount per debit, refer to the School Fee Repayment Calculator: <https://ww.catholic.edu.au/school-fee-repayment-calculator/>

### Available Payment Methods

Please tick a box below to indicate your preferred payment method and complete the relevant form in appendix A, B or C.

- Direct Deposit - See Appendix A for the School's bank account details
- Direct Debit - Complete Appendix B
- Credit Card - Complete Appendix B
- EFTPOS - Can be paid at the School Office

|  |                        |  |       |  |
|--|------------------------|--|-------|--|
| School Name                                | Sacred Heart Kooringal |  |       |  |
| Account Number as Per School Fee Statement |                        |  |       |  |
| Student Name/s                             |                        |  |       |  |
| Address                                    |                        |  |       |  |
| Parent/ Carer 1                            | Phone                  |  | Email |  |
| Parent/ Carer 2                            | Phone                  |  | Email |  |

I / We agree to meet my / our commitment indicated on this agreement. I / We undertake to contact the school to make amendments should circumstances change that may result in variances to this Agreement, including but not limited to, sibling enrollment, change of bank details, change of payment method, etc.

Parent / Carer 1 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Parent / Carer 2 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_



## APPENDIX A

### Direct Deposit Details

*Standing Authority for payment of School Fees by Direct Deposit*

Please deposit school fees into the following bank account number

Account Name SACRED HEART KOORINGAL

BSB Number 062-614

Account Number 1001 7636

Reference Details Please use your School Fee Account Number and surname (ie: 1234Smith) as per School Fee Statement



APPENDIX B

Direct Debit Request - School Fees

Standing Authority for Periodic Payment of School Fees by Direct Debit

I/ We Full Name(s) \_\_\_\_\_

Authorise SACRED HEART KOORINGAL

to arrange for funds to be debited from my/our account at the financial institution identified below via the Bulk Electronic Clearing System (BECS). Each debit or charge must be effected according to the direct Debit Request Service Agreement. Details of the account to be debited are as follows:

School Fees Account Number (example: SMITH 1234) \_\_\_\_\_

Option 1 - New Payment Details - Direct Debit from Bank Account

Name of Financial Institution \_\_\_\_\_

Account Name \_\_\_\_\_

BSB Number \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_

I request that you debit my/our account in accordance with the schools Direct Debit Service Agreement and subject to one or more of the following conditions.

Amount per debit \$ \_\_\_\_\_

Frequency of my debit  Weekly  Fortnightly  Monthly  
(please tick appropriate box)

Date of first debit \_\_\_\_/\_\_\_\_/\_\_\_\_ Final payment date (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

Option 2 - New Payment Details - from Credit Card

Cardholder Name \_\_\_\_\_

Card Type (please circle) VISA / MASTERCARD

I request that you debit my/our account in accordance with the schools Direct Debit Service Agreement and subject to one or more of the following conditions.

Amount per debit \$ \_\_\_\_\_

For assistance in calculating this, refer to the school fee calculator website: <https://ww.catholic.edu.au/school-fee-repayment-calculator/>

Frequency of my debit  Weekly  Fortnightly  Monthly  
(please tick appropriate box)

Date of first debit \_\_\_\_/\_\_\_\_/\_\_\_\_ Final payment date (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Card Expiry Date \_\_\_\_/\_\_\_\_ CCV \_\_\_\_\_

Before Signing this section, please read the Service Agreement following. Your signature below will indicate you accept the terms of the Service Agreement (as detailed on the back of this form) and confirm that the details on this form have been checked and are correct. If debiting a joint account that requires 2 signatures to authorise payments, please have 2 account holders sign. If the account is held by a company please have one director and the company secretary each sign. If you are signing for and on behalf of an entity, please state the capacity in which you sign in the signature section below.

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Direct Debit Request Service Agreement Definitions

*Account* means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

*Agreement* means this Direct Debit Request Service Agreement between You and Us, including the Direct Debit Request.

*Business day* means a day other than a Saturday or Sunday or a listed public holiday

*Debit day* means the day that payment is due.

*Debit payment* means a particular transaction where a debit is made, according to your Direct Debit Request.

*Direct debit request* means the Direct Debit Request between Us and You, *Us* and *We* and *our* means Sacred Heart Koorringal School.

*You* means the customer(s) who signed the direct debit request.

*Your financial institution* is the financial institution where you hold the account that you have authorised us to arrange to debit.

### 1. Debiting your account

By signing a *Direct Debit Request*, you have authorised us to arrange for funds to be debited from your account according to the *agreement we have with you*.

We will only arrange for funds to be debited from your account:

- as authorised in the *Direct Debit Request*;

If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following or previous business day. If you are unsure about which day your account has or will be debited, please check with your financial institution.

### 2. Changes by you

If you wish to stop or defer a debit payment you *must* write to *us* at least *14 business days* before the next *debit day*. This notice should be given to *us* in the first instance.

### 3. Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made. If there are insufficient funds available in *your account* to meet a *debit payment*:

- *you or your account* may be charged a fee and/or interest by your *financial institution*;
- *you or your account* may be charged a fee to reimburse *us* for charges *we* have incurred for the failed transactions;
- *you* must arrange for the payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so we can process the debit payment. Please check *your account* statement to verify that the amounts debited from your account are correct. We will not issue individual confirmation of payments made.

### 4. Dispute

If you believe that there has been an error in debiting *your account* you should call *us* on (02) 6922 6900 and confirm the details in writing with *us* as soon as possible so that *we* can resolve *your* query quickly.

### 5. Accounts

You should check;

- with your *financial institution* whether direct debiting is available from *your accounts* offered by financial institutions.
- *your account* details which you have provided to *us* are correct by checking them against a recent *account* statement; and
- with your *financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request*. Warning: if the *account* number you have quoted is incorrect, you may be charged a fee to reimburse *our* costs in correcting any deductions from:
  - an account *you* do not have authority to operate;
  - or an account *you* do not own.

### 6. Confidentiality

*We* will keep any information (including *your account* details) on *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information. However, *we may use* your contact details to provide information about the School. Should *you* wish this not be the case, please advise the School in writing.