



2019 Payment of Fees

Kilbreda College

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PLEASE COMPLETE THIS FORM REGARDING PAYMENT OF 2019 FEES AND CHARGES.

A new form must be completed for 2019 if changing arrangements from previous years

Parent / Carer Name _____	Customer Code _____
Address _____	<i>(if known)</i>
Phone/s _____	
Student Name/s _____	2019 Year Level/s _____
Health Card Card or Concession Card (if held by parent/carer) _____	
Payment Frequency	Payment Method
<p><i>Please tick your preferred frequency:</i></p> <p>_____ payment in full: <i>by 01 April 2019</i></p> <p>_____ three equal payments: <i>by 12 March, 12 June and 12 September 2019</i></p> <p>_____ monthly – 10 payments: <i>February to November 2019</i></p> <p>_____ fortnightly - 20 payments: <i>February to November 2019</i></p>	<p><i>Please tick your preferred method:</i></p> <p>_____ Cash</p> <p>_____ Cheque / Money Order</p> <p>_____ Credit Card (see over page)</p> <p>_____ Direct Debit (see below)</p> <p>_____ Internet Banking (see over page)</p> <p>_____ BPay (see over page)</p>
Direct Debit	
Request and Authority to debit	Parent Name/s _____ request and authorise <i>Kilbreda College</i> to arrange, through its own financial institution, for the amount nominated below to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
Name and address of financial institution at which account is held	Financial institution name _____ Address _____ _____
Details of account to be debited	Name of account _____ BSB number ___ ___ ___ -- ___ ___ ___ Account number ___ ___ ___ ___ ___ ___ ___
Payment Details	The first debit of \$_____ to be made on the first processing Thursday from ___ / ___ / ___ at <i>fortnightly / monthly</i> intervals. (Please circle one option)
<p>It is the responsibility of the parent/carer to advise the school at least one working day prior to the next scheduled periodic payment if this Direct Debit arrangement is to be cancelled (for example, if the bank account is no longer to be used or if the funds are not available within that account).</p> <p>If any fees are incurred by the College as a result of periodic payments being stopped by the Bank, the College may pass these fees onto the parent/carer.</p>	
Signature/s _____ Date ___ / ___ / ___	

For **Credit Card Payment, Internet Banking** and **BPay Details - PTO**

Credit Card Payment

Date _____

Parent / Carer Name _____

Student Name/s _____ 2019 Year Level/s _____

Frequency _____ *(Please circle)*
full payment / 3 payments / per month / per fortnight

Amount per instalments \$ _____

Mastercard Visa

Expiry Date ____/____

I hereby authorise Kilbreda College to keep my Credit Card details on file for the purpose of direct debit of my school fees for the duration of the year or until it is cancelled by me/us in writing.

Name _____

Signature _____

Please remember to notify the school of any changes to Credit Card details, including the Expiry Date.

Bank Details for Internet Banking

Account Name: Kilbreda College

Account held at: CDF / NAB Melbourne

BSB: 083 347

Account Number: 55112 1183

Your Reference: *Customer Code* and *Parent Surname*

BPay

Biller Code: 615211

Reference: *As on statement, or contact Kilbreda College Office*