## METHOD OF PAYMENT ADVICE

**Please return this form by November 7th** by post, fax or email to accounts\_rec@killester.vic.edu.au

Parents' Name			Account no.			
Daughter's Name:					Year Level:	
Address:						
Email Address: Telephone number:						
1. PAYMENT OPTION of the following of	NS: Your School Fees are doptions:	lue on Feb	ruary 28th o	or if you pref	er, select from one	
Semester instalments (twice per year) Feb and July	Term instalments (4 per year) Beginning every Term	inst	nthly ralments per year) Nov	ins (20	ortnightly stalments Oper year) Feb-Nov O or Centrepay only	
2. How would you p	refer to make these paymo	ents:				
Direct Debit (complete Authorization below)	BPAY		trepay act Centrelink		anual eque/Cash/Card	
AUTHORIZATION for Payments by Direct Debit from bank account or credit card						
Preferred payment date	7th	14th		21st	28th	
	If this date falls on a w	veekend or public	holiday, payment	will be processed or	n the PRIOR Business Day.	
Bank Details for Direct	Debit					
Account Name						
BSB no.		Account n	0.			
Credit Card for Direct D	ebit					
Card no.	<del></del>		1			
cara no.						
Expiry Date:	/ Cardholder name	e				
account or credit card as spe terms and conditions govern	ege to arrange through its own ecified. By signing this authori ing the debit arrangement be available at www.killester.vic.	isation you d tween you d	cknowledge	having read a	nd understood the	
MOTHER (or	guardian)		Fa	ther (or guar	dian)	
Date://		Date://				
	ent method will be for the du ent amount will be altered acc			s education, ur	nless we are advised	
It is your responsibility to no	tify the college in a timely ma	inner of new	card expiry	dates/details o	or any new bank	