



# Nazareth College

CATHOLIC CO-EDUCATION  
AT ITS BEST

Office use only:

Account No: \_\_\_\_\_

## Fee Payment Option Form

This form must be completed and returned to the College Accounts Office before the start of the school year.

Family surname: \_\_\_\_\_

Student/s name/s: \_\_\_\_\_

\_\_\_\_\_

Payment options are listed below. Please tick the box next to your nominated method.

- ☐ **Payment in full by the due date** (please refer to the Fee Schedule). Payment may be made by Bpay, direct credit to the College bank account, over the phone by credit card (Visa, Mastercard) or in person at the College Accounts Office by EFT/POS or cheque. A discount is available for this option (refer to the Fee Schedule). **No extensions are permitted for this option.**
- ☐ **Payment per term – four (4) equal payments due by the second Friday of each school term.** Please check the Fee Schedule for exact dates. Payments may be made by Bpay, , direct credit to the College bank account, over the phone by credit card (Visa, Mastercard) or in person at the College Accounts Office by EFT/POS.
- ☐ **Ten (10) equal instalments by the 28<sup>th</sup> of each month, January to October, using Bpay or direct credit to the College bank account.**
- ☐ **Direct debit – ten (10) equal instalments on the 15<sup>th</sup> or 28<sup>th</sup> of the month, January to October.** A direct debit form, nominating your bank account or credit card, will need to be completed before the start of the school year.
- ☐ **Direct debit – 20 equal instalments paid fortnightly, January to October.** A direct debit form, nominating your bank account or credit card, will need to be completed before the start of the school year. Please note: fortnightly direct debits are only processed on **Thursdays and Fridays**.

**Declaration** – to be signed by the parents/guardians responsible for the fee payment:

I/We accept that it is my/our responsibility to pay fees by the scheduled date and ensure there are sufficient funds in my/our nominated bank account or credit card to meet these payments when they fall due.

I/We understand that if there are not sufficient funds in my/our nominated bank account or credit card to meet the scheduled payment, the dishonoured payment and any associated bank fees charged to the College will be debited to my/our school fee account.

I/We acknowledge and understand that I/we are solely and jointly responsible for the school fees to be paid in a timely manner and that these fees will be paid in full by the end of each school year.

I/We understand that this signed authority will remain in force until all outstanding fees have been settled and that any changes to my/our payment plan needs to be submitted in writing.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*For separated families only: please complete below if you require a separate invoice for your share of the fees.*

Please provide us with separate invoices for our nominated share of the fees.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Percentage of fees: \_\_\_\_\_

Percentage of fees: \_\_\_\_\_