



# Payment Plan for Fees and Charges

**Kilbreda College**

118 Mentone Pde  
Mentone Vic 3194  
Phone: 9581 7766  
Fax: 9581 7750  
Email: kilbreda@kilbreda.vic.edu.au

**PLEASE COMPLETE THIS FORM REGARDING PAYMENT OF FEES AND CHARGES.**  
These arrangements are for the duration of the student's attendance at Kilbreda College.  
Any changes must be made in writing.

Parent / Carer Name _____		Customer Code _____	
Address _____		(if known)	
Phone/s _____			
Student Name/s _____			
Health Card Card or Concession Card (if held by parent/carer) _____			
Payment Frequency		Payment Method	
<i>Please tick your preferred frequency:</i>  <input type="checkbox"/> <b>payment in full:</b> <i>by last business day in March</i>  <input type="checkbox"/> <b>three equal payments:</b> <i>by last business day in March, June and September</i>  <input type="checkbox"/> <b>monthly – 10 payments:</b> <i>February to November</i>  <input type="checkbox"/> <b>fortnightly - 20 payments:</b> <i>February to November</i>		<i>Please tick your preferred method:</i>  <input type="checkbox"/> <b>Direct Debit</b> (see below)  <input type="checkbox"/> <b>Credit Card</b> (see over page)  <input type="checkbox"/> <b>BPay</b> (see over page)	
Direct Debit			
<b>Request and Authority to debit</b>	Parent Name/s _____ request and authorise <b>Kilbreda College</b> 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].		
<b>Name and address of financial institution at which account is held</b>	Financial institution name _____ Address _____ _____		
<b>Details of account to be debited</b>	Name of account _____ BSB number      ___  ___  ___  --  ___  ___  ___ Account number   ___  ___  ___  ___  ___  ___  ___  ___  ___  ___  ___  ___  ___  ___		
<b>Payment Details</b>	The first debit of to be made on the first <b>Thursday</b> from 01 February.		
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).			
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.			
<b>Signature 1</b>	_____	<b>Date</b>	___ / ___ / ___
<b>Signature 2</b>	_____	<b>Date</b>	___ / ___ / ___

For **Credit Card Payment** and **BPay Details - PTO**

## Credit Card Payment

Date \_\_\_\_\_

Parent / Carer Name \_\_\_\_\_

Student Name/s \_\_\_\_\_

Frequency \_\_\_\_\_ *(Please circle)*

full payment / 3 payments / per month / per fortnight

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.

## BPay

**Biller Code:** 615211

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