



St. Patrick's Parish Primary School
 119 Drummond St Sth, Ballarat 3350
 Phone 5332 7680 Fax 5333 2802
 Email: accounts@spballarat.catholic.edu.au
 ABN: 52 341 536 710

2026 FEE PAYMENT AGREEMENT- Please return this form to the office by Friday, 5th December 2025

FAMILY NAME: _____ **ACCOUNT NO** (if known from fee statement): _____

CONFIRMATION OF EMAIL ADDRESS:

Required for fee statements to be emailed

STUDENTS AT ST PATRICK'S PRIMARY SCHOOL

STUDENT NAME	2026 YEAR LEVEL

2026 SCHOOL FEES: Tuition Fee \$1,870 per family, Capital Fee \$400 per family, Fundraising levy \$150 per family, Student Fee \$480 per student, Year 5 & 6 camp fees \$435.

Device Fee \$125 per child chromebooks years 3 to 6) and \$175 (iPads Foundation to Year 2).

Exemptions (Families with health care cards) - Family Fee Assistance (\$1,750) per family, CSEF (\$150) per child.

1 Child: \$2,900

+ camp fees, device fee
& arrears if applicable
- exemptions if applicable

2 Children: \$3,380

+ camp fees, device fee
& arrears if applicable
- exemptions if applicable

3 Children: \$3,860

+ camp fees, device fee
& arrears if applicable
- exemptions if applicable

4 Children: \$4,340

+ camp fees, device fee
& arrears if applicable
- exemptions if applicable

If paying fortnightly divide by 20 (every 2nd Wednesday starting 25th February 2026, final payment 25th November 2026)

If paying monthly divide by 10 (14th of each month starting 14th February 2026, final payment 14th November 2026)

PAYMENT TYPE	PAYMENT FREQUENCY <i>CIRCLE PAYMENT FREQUENCY</i>	PAYMENT AMOUNT
DIRECT DEBIT	FORTNIGHTLY MONTHLY ANNUAL <i>Please fill in the Direct Debit section on the back of this form and Direct Debit request page 3</i>	\$
CREDIT CARD DIRECT DEBIT	MONTHLY ANNUAL <i>Please fill in the Credit Card Direct Debit section on the back of this form.</i>	\$
ELECTRONIC FUNDS TRANSFER (EFT)	FORTNIGHTLY MONTHLY ANNUAL <i>St Patrick's Primary School - BSB 083-526 Account no 515666434. Please use your child's name as reference</i>	\$
CASH / CHEQUE	FORTNIGHTLY MONTHLY PER TERM ANNUAL	\$
SALARY PACKAGING	WEEKLY FORTNIGHTLY MONTHLY <i>St Patrick's Primary School - BSB 083-526 Account no 515666434. Please use your child's name as reference</i>	\$

THIS SECTION MUST BE READ AND SIGNED

I understand the attached **2026 School Fee structure** and agree to fulfil my commitment to the payment of these fees, as selected above. I will contact the office if my details or circumstances change.

NAME: _____ SIGNATURE: _____ DATE: _____

DIRECT DEBIT – BANK ACCOUNT

Name/s on Bank Account: _____

I request and authorise St Patrick's Primary School (DE User ID No 153237) to arrange, through its own financial institution, to debit my account with the amount listed in the schedule below through the Bulk Electronic Clearing System from the bank account identified below until the end of the school year or other written agreement.

I understand and acknowledge that: I / We may, by prior arrangement and advice, vary the amount or frequency of future debits.

Signature of Bank Account Holder/s: _____

Date of Signature/s: _____

2026 Direct Debit Bank Account Details

Name of Bank: _____

BSB: _____ Account Number: _____

Amount to be Debited: \$ _____

Debit Frequency: Fortnightly / Monthly (Please circle)

CREDIT CARD

Name on Credit Card: _____

I request and authorise St Patricks Primary School to debit my Credit Card account with the amount listed in the schedule below through the Credit Card System from the account identified below until the end of the school year or other written agreement.

I understand and acknowledge that: I / We may, by prior arrangement and advice, vary the amount or frequency of future debits. I will advise the office prior to my credit card expiring of the credit card details.

Signature of Credit Card Holder: _____ Date: _____

2026 Credit Card Account Details

Credit Card Type: **Mastercard** / **Visa** (Please circle)

Credit Card Number:

Credit Card Expiry Date: ____ / ____

Amount: \$ _____

Debit Frequency: Monthly / Annual (Please circle)

Date to be scheduled: _____ (If annual)



Direct Debit Request

Only to be completed for direct debits not credit card payments

Request and Authority to debit the account named below to pay
St Patrick's Primary School - Ballarat
52 341 536 710

Direct Debit Request and Authorisation

Last Name or Company Name

First Name or ABN

'you'

Request and authorise **St Patrick's Primary School, direct user ID 153237** to arrange, through its own financial institution, a debit to your nominated account any amount **St Patrick's Primary School** has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Nominated Account Details

Name of Financial Institution

Address of Financial Institution

Name of Account to be debited

BSB

Account Number

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **St Patrick's Primary School** as set out in this Request and in your Direct Debit Request Service Agreement.

Account Signatures

Signature

Name of signatory

Date

Signature

Name of signatory

Date

Direct Debit Request Service Agreement

The following is your Direct Debit Request Service Agreement with St Patrick's Primary School

ABN: 52 341 536 710

The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

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*.
- **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- **debit day** means the day that payment by *you* to *us* is due.
- **debit payment** means a particular transaction where a debit is made.
- **Direct Debit Request** means the Direct Debit Request between *us* and *you*.
- **us** or **we** means St Patrick's Primary School (the Debit User) *you* have authorised by signing a *direct debit request*.
- **you** means the customer who signed the *Direct Debit Request*.
- **your financial institution** means the financial institution nominated by *you* on the DDR at which the account is maintained.

1. Debiting your account

By signing a *Direct Debit Request*, you have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *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 *banking day*, we may direct *your financial institution* to debit *your account* on the following *banking day*.

If you are unsure about which day *your account* has or will be debited you should ask *your financial institution*.

2. Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least thirty (30) days' written notice sent to the preferred email or address you have given us in the *Direct Debit Request*.

3. Amendments by you

You may change, stop or defer an individual debit payment, or cancel or suspend the *Direct Debit Request* at any time by providing *us* with at least fourteen (14) days' notification by writing to:

PO Box 82w, Ballarat West VIC 3350

or by telephoning *us* on

03 5332 7680

during business hours **or** arranging it through your own financial institution.

4. 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 in accordance with the **Direct Debit Request**.

If there are insufficient clear funds in *your* account to meet a debit payment:

- (a) *you* may be charged a fee and/or interest by *your financial institution*;
- (b) *you* may also be charged reasonable costs imposed or incurred by *us* on account of there being insufficient funds; and
- (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.

You should check *your account* statement to verify that the amounts debited from *your account* are correct

5. Dispute

If you believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 03 5332 7680

Alternatively you can take it up with your financial institution direct. If we conclude as a result of our investigations that *your* account has been incorrectly debited we will respond to your query by arranging within a reasonable period for *your financial institution* to adjust your account (including interest and charges) accordingly. We will also notify *you* in writing of the amount by which *your account* has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

- (a) with *your financial institution* whether direct debiting through BECS is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your* account details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

We will keep any information (including *your account* details) in *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.

We will only disclose information that we have about *you*:

- (a) to the extent specifically required by law; or
- (a) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to PO Box 82w, Ballarat West VIC 3350

We will notify *you* by sending a notice to the address or email *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the seventh *banking day* after posting.