



**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 DETAILS

Name

Customer Code (if known)

Contact Street Address

Contact Suburb

Contact Postcode

Contact Phone

Mobile Phone

Email Address

Student Name 1.

Student Name 2.

Student Name 3.

Health Care Card or Concession Card (if held by Parent / Carer)

### PAYMENT FREQUENCY

**Please tick your preferred frequency:**

- |                          |                                    |                                       |
|--------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> | <b>Payment In Full</b>             | By 10 March                           |
| <input type="checkbox"/> | <b>Three Equal Payments</b>        | By 15 March, 15 June and 15 September |
| <input type="checkbox"/> | <b>Per Month - 10 payments</b>     | February to November                  |
| <input type="checkbox"/> | <b>Per Fortnight - 20 payments</b> | February to November                  |

### PAYMENT METHOD

**Please tick your preferred method:**

- |                          |              |
|--------------------------|--------------|
| <input type="checkbox"/> | Direct Debit |
| <input type="checkbox"/> | Credit Card  |
| <input type="checkbox"/> | BPay         |

Customer Code

## DIRECT DEBIT

### REQUEST AND AUTHORITY TO DEBIT

Parent /Carer Name/s

request and authorise **Kilbreda College** 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

Street Address

Suburb

Postcode

### DETAILS OF ACCOUNT TO BE DEBITED

Name of account

BSB number

Account number

### PAYMENT DETAILS

The first debit for monthly/fortnightly frequency, will be processed on the first **Thursday** on or after 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.

Signature 1

Date

Signature 2

Date

Customer Code

## CREDIT CARD PAYMENT

### Frequency (Tick one)

**Payment In Full**

**Three Equal Payments**

**Per Month - 10 payments**

**Per Fortnight - 20 payments**

### Please debit my:

VISA

Card Number

MASTERCARD

Expiry

MM / YY

Name of Cardholder

Signature

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.

**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**

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### Please return completed Payment Plan for Fees and Charges to:

Address: Kilbreda College  
118 Mentone Pde, Mentone 3194

Phone: 9581 7766

Email: feesofficer@kilbreda.vic.edu.au