

SCHOOL FEE AGREEMENT – 2017 (CONFIDENTIAL)

Finance Department: 9605 3200
accounts@macarthur.adventist.edu.au

FAMILY NAME: _____ FAMILY ACCOUNT ID: _____

ADDRESS: _____

I/we agree to pay Macarthur Adventist College school fees for 2017 as detailed below:

Tuition Fees(s) per Financial Information Sheet	\$ _____
Subject Levy – Per Student (\$400)	\$ _____
Total Payable	\$ _____

PAYMENT OPTIONS

Payment will be made (please tick one)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> WEEKLY | <input type="checkbox"/> ONE OFF PAYMENT |
| <input type="checkbox"/> FORTNIGHTLY | <input type="checkbox"/> 4 INSTALMENTS |
| <input type="checkbox"/> MONTHLY | |

Payment(s) over the period as stated below.

First payment due week ending: _____ 2017

_____ (insert number of payments) of \$ _____

Last payment due week ending: _____ 2017

Please note: Accounts are due to be finalized by no later than 27 October 2017 unless prior and mutually acceptable payment arrangements have been made with the Business Manager. This arrangement is for the 2017 school year unless otherwise indicated.

PAYMENT METHODS

Payment methods available (tick appropriate box and complete details):

- CASH/CHEQUE/CREDIT CARD IN PERSON
- B-PAY – REFER TO YOUR SCHOOL FEES STATEMENT FOR YOUR “BILLER CODE” AND “REFERENCE NUMBER”. PTO

- Credit Card Automatic Deductions (we only accept Visa Card and Master Card). ***

CARD NUMBER: ///

EXPIRYT DATE: /

NAME ON CARD: _____

START DATE: _____ DAY: _____

- Direct Debit.***

FINANCIAL INSTITUTION NAME: _____

ADDRESS (BRANCH): _____

NAME OF ACCOUNT: _____

BSB: _____

ACCOUNT NO: _____

START DATE: _____ DAY: _____

***Please Note these options are arranged by the College.

- Centrelink Deduction. Please fill in Centrepay deduction form and return to College.

- Direct Credit to Macarthur Adventist College. Please ensure you use your 'FAMILY ID' as the reference on your transfer.

BANKING DETAILS

WESTPAC BANK

BSB: 032 372

ACCOUNT NUMBER: 179829

ACCOUNT NAME: MACARTHUR ADVENTIST COLLEGE

AGREEMENT

I / we understand that payment of my / our account is my / our responsibility. **If I / we do not commence payment of the account in Term 1, 2017 or organise a mutually acceptable payment arrangement with the College, I / we understand that the full year's school fees become due and payable immediately.** Should my / our account be placed in the hands of debt recovery consultants, then I / we agree to pay all expenses relating to the recovery of my / our account, and any default debt may be reported to a credit reporting agency.

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____

DATE: _____

Office Use Only (Date received and initials)
