PAYMENT ARRANGEMENT FORM

DEBTOR ID/DEBTOR ACCOUNT NAME		
Name of each child at Corpus Christi Catholic Scho	ol	Class

PAYMENT IN FULL

Families will be issued with an annual invoice at the commencement of the school year. This invoice is due and payable in full 30 days after the date of issue. Annual payments received by the school by 29 February 2024 attract a discount of \$70.00 per student. If you are unable to provide payment in full within 30 days of invoice, please complete the section below.

Please note that any payment arrangement entered into is purely administrative. Notwithstanding the amount invoiced, in the event of default on payment arrangements the total amount outstanding will become immediately due. The school reserves its right to take steps to recover payment in full.

PAYMENT ARRANGEMENT (only complete this section if not paying in full by the due date)

Where parents/guardians manage their finances separately from each other they may wish to split payment of fees between them by completing both sections below. However, most parents/guardians jointly pay fees and should only complete the section 1 below.

This arrangement will remain in place indefinitely, unless or until a new payment arrangement is entered into. If your payment preferences or details change, you are responsible for updating this information. Please request a new payment arrangement form.

Please note that any payment arrangement entered into is purely administrative. Notwithstanding the amount invoiced, in the event of default on payment arrangements the total amount outstanding will become immediately due. The school reserves its right to take steps to recover payment in full.

Completion of this section will not change the name on your debtor account, which has been established in accordance with signatories to the enrolment of the student.

Monthly payments are to be made in 10 instalments due on the 28th of each month from February to November; and

if both signatories to the enrolment are jointly paying the account, please complete section 1 below. If each signatory to the enrolment wishes to pay a portion of the account, please complete both section 1 and section 2.

If you wish to make a payment arrangement involving more than two (2) parties, please contact the school.

Section 1 - Parent/gua	ardian 1 (or both, if paying a	<u>ccount jointly)</u>	
☐ PARENTS/GUARDI	ANS PAYING JOINTLY		
☐ PARENT/GUARDIA	N 1		
☐ OTHER (please spec	ify)		
Name/s:			
Percentage to be paid:	%		
FREQUENCY		METHOD	
☐ Monthly	☐ BPAY (please refer to you reference number)	ur statement/invoice for your biller code and	
	☐ Compass Pay (Credit C	ard via Compass)	
☐ EFTPOS/Cash (please attend the school in person) ☐ Centrepay (please contact the school office to arrange)		ttend the school in person)	
		act the school office to arrange)	
	☐ Credit/Debit Card (plea	ase complete the Credit Card Authority)	
	☐ Direct Debit (please cor	nplete the CDF direct debit form)	
Percentage to be paid: FREQUENCY ☐ Monthly		METHOD ur statement/invoice for your biller code and	
	☐ Compass Pay (Credit Card via Compass)		
	☐ EFTPOS/Cash (please attend the school in person)		
☐ Centrepay (please contact the school office to arrange)			
☐ Credit/Debit Card (please complete the Credit Card Authority)			
☐ Direct Debit (please complete the CDF direct debit form)			
document each parent/	guardian confirms their agr	ree to a payment arrangement. By signing this eement to the arrangement outlined above. parent/guardian if convenient.	
Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Signature:		Signature:	
Date:		Date:	