

## Payment Agreement – 2016 Fees

Please complete and return if not paying fees in full prior to **Friday 5 February 2016**. An Early Payment Discount (8%) applies if the full amount is paid on or before this date. Please refer to the Fee & Support Structure for additional information.

### PLEASE RETURN THIS FORM TO THE ADMINISTRATION OFFICE BEFORE COMMENCEMENT OF THE SCHOOL YEAR

Accounts not paid in full or those without a completed Payment Agreement returned prior to cut off listed above are considered to be in arrears. Families having financial difficulties are advised to contact the College to discuss options.

Account Name: \_\_\_\_\_

Family ID Code: \_\_\_\_\_

**Payment Frequency** Please indicate nominated payment frequency and amount to be paid:

- ☐ \$ \_\_\_\_\_ **Monthly** by the 15<sup>th</sup> day of each month, February to September (8 months)
- ☐ \$ \_\_\_\_\_ **Fortnightly** (from week commencing 8 February 2015 for 17 fortnights) Indicate payment day: M ☐ T ☐ W ☐ Th ☐ F ☐
- ☐ \$ \_\_\_\_\_ **Weekly** (from week commencing 8 February 2015 for 35 weeks) Indicate payment day: M ☐ T ☐ W ☐ Th ☐ F ☐
- ☐ \$ \_\_\_\_\_ **Quarterly** (week 2 of each term) payment due by 8 February, 9 May, 1 August, 24 October

**NB:** When the payment date falls on a weekend or public holiday, the payment will be deducted on the next working day.

**For assistance in calculating instalments at either full fee or School Card rate, or to make alternative payment arrangements with your account, please contact the Finance Office.**

☐ **Please tick if applying for School Card**

☐ **Tick if continuing payment beyond amount owing and put account into credit** (refer to Fee & Support Structure for information)

**Method of Payment** Please indicate one of the following:

☐ **Cash/Cheque**

☐ **BPAY** *Biller Code and Biller Reference as printed on statement*

#### Credit Card

Type of Card: ☐ Visa ☐ Mastercard Expiry Date: \_\_\_\_\_ Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Card Holder's Signature: \_\_\_\_\_

#### Direct Debit

☐ I/We request that our current Direct Debit details on file be used

Name on Account: \_\_\_\_\_

BSB: \_\_\_\_\_ Account No. : \_\_\_\_\_

Account Holder's Signature : \_\_\_\_\_

**Direct Debit Request Service Agreement Terms & Conditions are available from Administration or at [www.investigator.sa.edu.au](http://www.investigator.sa.edu.au)**

**Please note: Dishonoured payments will incur charges and dishonoured amounts are required to be settled prior to the next payment due date.**

**Sundry charges are not calculated in this payment agreement and are to be paid by the end of the month in which they are charged.**

### Financial Hardship

**School Card** – Families on low income can apply for government assistance to help pay fees. Financial eligibility criteria do apply.

**NB:** Tuition fees paid in full by the commencement of the school year at School Card rate are still eligible for 8% discount. School Card submissions should be submitted at time of payment.

**Principal's Bursary** – Families on low income who do not qualify for government assistance may qualify for assistance from the College.

Please call 8555 7529 to make an appointment with the Assistant Business Manager.

**In the event that this agreement cannot be adhered to please contact the College immediately.**

Signed: \_\_\_\_\_

Mob No: \_\_\_\_\_

Date: \_\_\_\_\_

RETURN COMPLETED FORM TO:

Email: [accounts@investigator.sa.edu.au](mailto:accounts@investigator.sa.edu.au)

Fax: 8555 5733

Post: 2 Glendale Grove, Goolwa SA 5214

Or lodge at the Administration Office at either campus