

2016 Payment Options Form



Samaritan College
 ABN: 53 539 607 564
 70 Gowrie Avenue
 Whyalla SA 5600
 Phone: (08) 8645 8568

FAMILY NAME: _____ FAMILY ID/CODE: _____

FEES CALCULATOR

Students Attending Samaritan College 2016	Child's Name	Year Level 2016	Tuition Fees
1st child			\$.
2nd child			\$.
3rd child			\$.
4th child			
5th child			
ICT FEE			\$ 100.00
		Total	\$.

I agree to pay the school fees in the manner indicated below: (please tick)

Regular payments of \$ _____ (nominate frequency and starting date below - refer to schedule overleaf)

Frequency (please tick one)

- Weekly
- Fortnightly
- Monthly - 10 payments monthly on same date
- Termly - 4 payments every 3 months on same date

Starting Date

/	/	/
/	/	/
/	/	/
/	/	/

Method of payment (please tick one)

- Direct Debit (DDR form attached)
- Internet Transfer - **School Bank Details: Bank SA BSB 105 054 Account Number 062724540**
- Credit Card: Visa/Mastercard/BankCard (circle one)

Card Number _____ Expiry ____/____

Name _____

Fortnightly/Monthly (circle one) payments of \$ _____ by salary deductions through my place of work
 Name of workplace _____

Fortnightly Centrelink Centrepay deductions of \$ _____
 Quote Number **555 071068C** on your application

Please note:
 All payments are to quote your Family ID/Code as shown on statements (if known).

NAME & SIGNATURE OF PARENT(S)

Name: _____ Signature: _____ Date: / /

Name: _____ Signature: _____ Date: / /

Please return to:
 Front office OR
 Samaritan College, PO Box 351, WHYALLA SA 5600