SCHOOL FEE PAYMENT OPTION FORM

Family Name: ___________________________ Students: ___________________________

Payment Option – Please tick preferred option

A  [ ] Direct Debit  (please complete form overleaf)  →

Automatic payment directly from your bank account. Payments will be taken automatically from your nominated bank account on the dates specified according to your payment frequency selected overleaf. You will be notified of the payment dates and amounts for each payment frequency with the first Statement of Fees each year.

OR

B  [ ] Credit Card  Payment Frequency - Please tick preferred option

[ ] Quarterly x 4  [ ] Monthly x 10

Payments will be processed automatically from your Credit Card on the dates specified according to your payment frequency selected. You will be notified of the payment dates and amounts for each payment frequency with your first Statement of Fees each year.

Credit Card Payment Advice:

Name on Card ________________________________________________________________

Card Type:  Mastercard [ ]  Visa [ ]  Expiry Date:  _____ _____ / _____ _____

Credit Card No.  _____ _____ / _____ _____ / _____ _____ / _____ _____

I/We request Mount Lilydale Mercy College to deduct until further notice in writing, the amount as required for payment of school fees and associated costs as per the payment frequency I have selected above. (Please refer to your first School Fee Statement each year for the payment amount.)

Cardholders Signature:  ____________________________________________  Date:  ____________________

Please Note:

If an automatic Direct Debit or Credit Card arrangement is NOT selected, then school fee payments are due quarterly. A statement will be issued prior to the due date of each payment.

Early Payment Discount:

Alternatively, you may wish to pay fees up front to receive an early payment discount. Please contact the Finance department, 9735 4022, for further information.
Mount Lilydale Mercy College
Direct Debit Schedule/Agreement

**NB:** Please ensure there will be funds available in your nominated account on the payment dates. If your Direct Debit is rejected by the bank due to lack of funds, any bank charges incurred by the College will be added to your fee account.

**Payment Frequency for Direct Debit**

- Weekly x 40
- Fortnightly A x 20
- Monthly x 10
- Quarterly x 4
- Fortnightly B x 20

*(please refer to Payment Dates schedule for the alternate fortnightly dates)*

**Request & Authority for debiting amounts to bank accounts by the Direct Debit system**

I/We ________________________________
(surname) ________________________________
(given names)

Request Mount Lilydale Mercy College, (User ID 103360) to arrange for any amount to be debited through the Bulk Electronic Clearing System from an account held at the financial institution nominated below. *(Please refer to your first Statement of Fees for the amounts to be deducted each year.)*

I/We understand and acknowledge that:

1. By signing this request and authority I have entered a payment agreement with Mount Lilydale Mercy College and this will continue until further notice in writing by either myself or Mount Lilydale Mercy College.

2. Mount Lilydale Mercy College may, by prior arrangement and advice to me/us, vary the amount of future debits. *(This may be requested if unknown VET levies are charged after the initial School Fee Billing.)*

Signature(s): ________________________________
______________________________
(If a joint account, please include both signatures)

Date: ________________________________

**The Schedule**

Insert name of account which is to be debited:

BSB: ________________________________

Account No: ________________________________

**NB:** Please ensure funds are available on the day required. If your payment dishonours, your remaining payments will be increased automatically to cover the amount owing. Please contact the Finance office if you do not wish this to happen. If payments dishonour regularly, you will be required to meet with the Business Manager.

Office Use Only: Family Code: ________________ DD Amount: ________________

Entered ________________ Date __/__/____

Comments: ________________