

FEE PAYMENT OPTIONS 2019

FAMILY CODE: _____

Please be advised that I/We wish to pay our Student Fees account by the means indicated below.

Please complete Section 1 OR Section 2 below

SECTION 1 – DIRECT DEBIT by completing the Direct Debit form (conditions apply)

Payment Frequency (Select one option)

Fortnightly - Twenty (20) equal instalments on the 1st and 15th day each month

Monthly - Ten (10) equal monthly instalments by the 15th day each month

OR

SECTION 2 – NON DIRECT DEBIT

Payment Type (Select one option)

Visa / MasterCard / EFTPOS

Internet Transfer (refer to the details below)

Cash / Cheque at any **NAB Branch** (refer to the details below)

For Internet Transfer or NAB Branch transfer

Account Name: Heathdale Christian College

BSB: 083 909

Account: 5161 10470

Reference: *Please use your Family Code as the reference*

Payment Frequency (Select one option)

Every Term - Four (4) payments due before the 1st day of each term:

Term 1 due 25 January 2019.

Term 2 due 18 April 2019.

Term 3 due 19 July 2019.

Term 4 due 4 October 2019.

Every Semester - Two (2) payments due before the 1st day of Semester one and two:

Semester 1 due 25 January 2019.

Semester 2 due 19 July 2019.

Yearly - One (1) payment due 25 January 2019

Please acknowledge the following:

I/We understand and agree that my/our student/s fees must be fully paid by 30 November 2019.

I/We understand and agree that if a payment falls due on a weekend or other public holiday, the payment becomes due on the next school business day.

Signature: _____

Name: _____

Date: _____ / _____ / _____

**Once complete, please email these forms to
accountsreceivable@heathdale.vic.edu.au**

DIRECT DEBIT REQUEST

Authority to debit the account below to pay Heathdale Christian College

Family Code: _____

Insert details of account to be debited

Name on Credit Card _____

Card Number _____ - _____ - _____ - _____

Expiry Date ____ - ____ Card Type: Mastercard / Visa (Circle)

***** OR *****

Financial institution name _____

Address _____

Name of Bank Account _____

BSB number ____ - ____ Account number _____

Insert frequency of Debits (Tick One)

Fortnightly (20 equal instalments on the 1st and 15th of each month)

Monthly (10 equal instalments on the 15th of each month)

The first *debit day* shall be the *business day* on or immediately after the above dates, beginning on the 1st of February until the end of November for the current year, or until further notice. The instalment amounts will be calculated by the accounts department based on your outstanding balance after fees have been invoiced in January 2019.

Request and Authority to debit

Surname _____

Given name _____ ("you")

authorises and directs *Heathdale Christian College Debit User ID No. 153322* to arrange for any amount *Heathdale Christian College* may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and *Heathdale Christian College* as set out in this Request and in your Direct Debit Request Service Agreement.

Terms and Conditions for Direct Debit are available at www.heathdale.vic.edu.au

Signature: _____

Date: ____ / ____ / ____