



FEE AGREEMENT 2021

Family Name _____

Contact Phone Number _____

Eldest Childs Name _____ Grade _____

Fee Agreement

I /we accept the offer of the re-enrolment fee agreement. This agreement remains in place until all 2021 school fees and levies have been settled.

I/We acknowledge as parents/carers, that we are jointly and severally responsible for the payment of school fees in full and/or in accordance with arrangements made.

I/We agree to meet my commitment by the Payment Method indicated on this agreement.

I/We will undertake to contact the school to make amendments should circumstances change that may result in differences to this agreement including change of bank accounts, change of payment method, etc. **NB* It is the agreed fee payer's responsibility to advise the school of any change of details that may affect payment of their account.**

I/We understand that any costs associated with collection of outstanding school fees will be further invoiced to the school fee account and payment will be required.

I/We acknowledge that personal information and details of outstanding school fees may be disclosed to outside agencies for debt collection activities should I/we default in payment.

I/We understand that personal information and details of outstanding school fees will be shared by other schools in the Diocese in which siblings on this form are enrolled.

I/We understand that the school is not bound or privy to arrangements and decisions made through family court.

Print Name /Fee Payer 1

Signed..... Date

Print Name /Fee Payer 2

Signed..... Date

All payees responsible for payment are to sign the above.

Do you have a Valid Healthcare Card

If you do have a Healthcare Card it is important to complete the following:

Name on the card: Expiry Date

CRN Number: _ _ _ _ _

Children listed on the card:

First Name Last Name DOB.....

First Name Last Name DOB.....

First Name Last Name DOB.....

First Name Last Name DOB.....

Payment Options

Payment Options: Please select one only

Direct Debit

Internet Transfer

BPAY

Internet Transfer Online Banking

St Marys Primary School
BSB 083-347 Account Number 676054930

When choosing this option please clearly state your eldest child name and surname when processing your payment

BPAY

Billers Code: 201392
REF: Refer to you tax invoice/statement

Direct Debit Request Authority (DDR)

I/We request and authorise St Mary's School, Mount Evelyn, User ID 424099, to arrange, through its own financial institution, to debit funds from my/our nominated account at the financial institution shown below according to the details specified.

Name(s) or Company Name:

Mobile 1: Email:

Please deduct money from my/our Financial Institution account:

This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name of Bank Account:

Name and Branch of Financial Institution where account is held:

BSB Number: |__|__|__| - |__|__|__| Account Number: |__|__|__|__|__|__|__|__|__|__|

Please debit \$..... from the above account each:

Quarterly Fortnightly Monthly

Commencing on: ____/____/____

Signature: