



FEE AGREEMENT 2022

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 2022 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

Internet Transfer

BPAY

Direct Debit (Page 3)

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

Biller 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.

Our commitment to you

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between St Mary's Primary School ABN 84574215024 user ID 424099 and you. Direct Debit arrangements pertain to requests to deduct money from your financial institution account. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Drawing arrangements

- The first drawing under this Direct Debit arrangement will occur on the nominated date.
- We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice to the address you have given us in the Direct Debit Request.
- We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- We will only disclose information that we have about you to the extent specifically required by law; or for the purposes of this agreement (including disclosing information in connection with any query or claim).

Your rights

Changes to the arrangement

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by

- telephoning us on 03 9736 2219 during business hours;

- writing to: St Mary's Primary School, 58 Clegg Road Mount Evelyn, 3796 or emailing us at accounts@smmountevelyn.catholic.edu.au
- arranging it through your own financial institution.

Enquiries

You may enquire about anything relating to your Direct Debit arrangement by contacting St Mary's on 97362219.

Disputes

You should check your account statement to verify that the amounts debited from your account are correct. If you believe that there has been an error in debiting your account, you should notify us directly on 9736 2219 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.

If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

If there are insufficient clear funds in your account to meet a debit payment you may be charged a fee and/or interest by your financial institution. You may also incur fees or charges imposed or incurred by us; and you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

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:

Signature: