

Payment Agreement – 2017 Fees

Please complete and return if not paying fees in full prior to **Friday 3 February 2017**. Accounts not paid in full or those without a completed Payment Agreement returned prior to cut off listed above are considered to be in arrears. Families having financial difficulties are advised to contact the College to discuss options.

Account Name: _____

Family ID Code: _____

Payment Frequency Please indicate nominated payment frequency and amount to be paid:

\$ _____ **Monthly** by the 15th day of each month, February to September (8 months)

\$ _____ **Fortnightly** (from week commencing 6 February for 17 fortnights) Indicate payment day: M T W Th F

\$ _____ **Weekly** (from week commencing 6 February for 35 weeks) Indicate payment day: M T W Th F

\$ _____ **Quarterly** (week 2 of each term) payment due by 6 February, 8 May, 31 July, 23 October

NB: When the payment date falls on a weekend or public holiday, the payment will be deducted on the next working day.

Please tick if applying for School Card

Tick if continuing payment beyond amount owing and put account into credit (refer to Fee & Support Structure for information)

Method of Payment Please indicate one of the following:

Cash/Cheque

BPAY *Biller Code and Biller Reference as printed on statement*

Credit Card

Type of Card: Visa Mastercard Expiry Date: _____ Card Holder's Name: _____

Card Number: _____ / _____ / _____ / _____ Card Holder's Signature: _____

Direct Debit Request

Financial Institution Name and Address: _____

Name on Account: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

BSB: _____ Account No. : _____

I/we request and authorise **INVESTIGATOR COLLEGE USER ID 509771** to arrange, through its own financial institution, a debit to your nominated account any amount **INVESTIGATOR COLLEGE INC**, has deemed payable to *you*.

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

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangement between you and **INVESTIGATOR COLLEGE INC** as set out in the Request and in your Direct Debit Request Service Agreement.

Account Holder's Signature/s : _____

Direct Debit Request Service Agreement Terms & Conditions are available from Administration or at www.investigator.sa.edu.au

Please note: Dishonoured payments will incur charges and dishonoured amounts are required to be settled prior to the next payment due date.

Sundry charges are not calculated in this payment agreement and are to be paid by the end of the month in which they are charged.

I, the Debtor, understand that if I am unable to make a scheduled payment, I must notify Investigator College prior to the due date to make an alternative date for payment.

I further understand that in the event I fail to adhere to this agreement, the College reserves the right to remove or reverse Financial Assistance, enforce the Enrolment Policy and/or lodge my account with Mercantile Credit Management.

Signed: _____

Mob No: _____

Date: _____

RETURN COMPLETED FORM TO:

Email: accounts@investigator.sa.edu.au

Fax: 8555 5733

Post: 2 Glendale Grove, Goolwa SA 5214

Or lodge at the Administration Office at either campus