



Payment Agreement (PA) – 2021 Fees

Please complete and return prior to **Friday 8 January 2021** or within 7 days for new families.

Account Name: _____

Family ID Code: _____

Payment Frequency Please indicate nominated payment frequency

- Full payment **Annually** – full amount payable by 29/1/2021. The early payment discount will appear on the initial fee statement.
- ¼ of fees **Quarterly** second week of each term (if payment method is by direct debit/automatic credit card the payment dates will be advised on the Payment Agreement confirmation)
- 1/10 of fees **Monthly** by the 15th day of each month, February to November [10 months]
- 1/22 of fees **Fortnightly** from week commencing 1 February [22 payments] Indicate payment day: M T W Th F
- 1/44 of fees **Weekly** from week commencing 1 February [44 weeks] Indicate payment day: M T W Th F

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

If a payment agreement is not returned, the default assumed payment frequency will be monthly and payment method will be BPAY.

Method of Payment Please indicate one of the following:

- Cash/Cheque**
- BPAY** *Biller Code and Biller Reference on fee statement*

Credit Card

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

Direct Debit Request

Name on Account: _____

BSB: _____ Account No. : _____

I/we request and authorise **INVESTIGATOR COLLEGE USER ID 509771** to arrange, through its own financial institution, a debit to my nominated account the amount above.

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

By signing and/or providing the College with a valid instruction in respect to this Direct Debit Request, I have understood and agree to the terms and conditions governing the debit arrangement between me / us as the undersigned below and **INVESTIGATOR COLLEGE INC** as set out above.

Account Holder's Signature/s : _____

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. Late fees will be levied on accounts not paid in accordance with this PA.

I further understand that in the event I fail to adhere to this agreement, the College reserves the right to take action in accordance with (1) Enrolment contract, (2) General Terms & Conditions of Enrolment (on website), (3) Fee & Support Structure and (4) Fee Billing & Collection Policy (on website).

Signed: _____

Mob No: _____

Date: _____

RETURN COMPLETED FORM TO:

Email: accounts@investigator.sa.edu.au
 Fax: 8555 5733
 Post: 9 Bacchus Road, Victor Harbor SA 5211
 Or lodge at the Finance Office, Senior School building