

# Payment Agreement



## 2025 School Year

Please complete this form and return to the Investigator College Administration to enter into an agreement regarding payment frequency for the forthcoming school year.

**Please Note:** All families (including existing families who have previously had a payment schedule in place) wishing to enter into a payment schedule arrangement for the forthcoming school year must complete this form and return it to the Finance Office before the end of Term 4. If this form is not returned with a clear indication of preferred payment arrangement, a default payment frequency of monthly instalments will be assumed.

### Personal information

Account Name:

Family ID Code:  
(if known)

Student name/s:

### Payment schedule

2. Based on the Fee Schedule current at the time of completing this form, please indicate your preferred payment frequency, instalment and payment terms for your total Annual Fees below:

Frequency	Instalment due	Payment terms
<input type="checkbox"/> <b>Annually</b>	Full Payment (100% of Fees)	First Friday of Term 1 for students commencing start of year. First Friday of first week for students commencing mid-year. (1 Payment – eligible for Early Payment Discount of 6%; must be paid by the due date to qualify).
<input type="checkbox"/> <b>Bi-annually</b>	Half Payment (50% of Fees x 2)	1st instalment paid by first Friday of Term 1. 2nd instalment paid by first Friday of Term 3. (2 Payments - eligible for Early Payment Discount of 3% on each instalment; must be paid by the due date to qualify).
<input type="checkbox"/> <b>Quarterly</b>	1/4 of Fees	Friday of the second week of each Term (4 payments)
<input type="checkbox"/> <b>Monthly</b>	1/10 of Fees	By 15th day of each month, February to November (10 payments)
<input type="checkbox"/> <b>Fortnightly*</b>	1/22 of Fees	Fortnightly from commencement of School Year (22 payments)
<input type="checkbox"/> <b>Weekly*</b>	1/44 of Fees	Weekly from commencement of School Year (44 payments)

2a. \*If you have indicated Fortnightly or Weekly above, and intend to pay using a Credit Card or Direct Debit, please indicate which day of the week you would like payments to be deducted:

Day of Week:  **Monday**  **Tuesday**  **Wednesday**  **Thursday**  **Friday**

1. When the payment date falls on a weekend or public holiday, the payment will be deducted on the next working day.
2. Sundry charges or Additional Fees are not calculated in this payment agreement and are to be paid by the end of the month in which they are charged.
3. If you would like the Finance Office to amend your payment to allow for Sundry and Bus Co-Contributions to be included in your Payment Agreement as they are charged, please ensure that you tick the box under 'Declaration and Agreement'.

## Method of payment

3. Please indicate the method of payment you wish to use for the payment of your Annual Fees:

Cash/Cheque     BPAY\*     Credit Card (complete 3a)     Direct Debit (complete 3b)  
 In person at the Finance Office (to be paid by due dates)

\*BPAY: Biller Code and Biller Reference will appear on fee statement. It is your responsibility to set up the BPAY payments by the due dates.

### 3a. If you have indicated Credit Card above, please provide relevant details below:

Type of Card:     Visa     Mastercard  
Card Number:                     
Cardholder's Name:     Exp. date:      CW:

### 3b. If you have indicated Direct Debit above, please provide relevant details below:

Name on Account:     BSB:        
Account Number:

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:

## Declaration and Agreement

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 Payment Agreement. 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 (a) the Enrolment Contract, (b) the Investigator College Terms and Conditions of Enrolment, (c) the Fee Schedule, current and applicable at the time of payment, and/or (d) the Investigator College Fee Billing and Collection Policy.

By ticking this box, I authorise the Finance Office to amend my payment periodically to allow for Sundry and Bus Contributions to be calculated as part of my payment as per my instalment preference.

Full Name:     Signature:   
Date:  /  /   
Mobile:     Email: