

# FCJ COLLEGE BENALLA

## School Fees Payment Election Form

Due to the changes in government funding, the College has been investigating how the new model will impact on our overall income. In light of this, the College Council is still deliberating on what the tuition fees will be for 2018. We will be in a position to communicate this to you before the end of the year, and appreciate your understanding in this matter.

**FCJ College works in partnership with all families to implement a payment plan to suit individual financial circumstances.**

FCJ College offer a Direct Debit or Credit Card system for fee payment. This is set up by FCJ College with no cost to process. Parent/s indicate the amount and frequency of regular payment from your account.

**Each family must complete the School Fee Payment Election Form.**

School fees are required to be paid on a regular basis with the total amount being paid in full by 30<sup>th</sup> November 2018

**Your FCJ College Direct Debit Payment Plan will remain in place from year to year unless you cancel by written notice. Annually in December FCJ College will issue a statement of school fees for the following school year so that families can budget accordingly.**

Mark or Minnie can be contacted any time at the College Office to arrange a suitable payment plan.

### SECTION A – PAYMENT ELECTION (All families to complete)

<b>FAMILY NAME:</b>	Surname:
PAYMENT FREQUENCY (please tick one)	<input type="checkbox"/> Weekly payments processed on a Friday <input type="checkbox"/> Fortnightly payments processed on a Friday <input type="checkbox"/> Monthly payments processed on last Friday of each month <input type="checkbox"/> 4 payments due on the last Friday of the month in February, May, August & November <input type="checkbox"/> Other – to be discussed with the Business Manager, please include details on lines provided.
PAYMENT METHOD (please tick one)	<input type="checkbox"/> Credit Card (Complete Section B on next page) <input type="checkbox"/> Direct Debit from your nominated cheque or savings account (Complete Section C on next page) <input type="checkbox"/> Centrepay – regular deductions from Centrelink payments forwarded directly to the College, forms available from the College office.

Signed:

Date:        /        /

If you have any queries please contact a member of the FCJ College Finance Team:

Mark McDonald: [mmcdonald@fcjbenalla.catholic.edu.au](mailto:mmcdonald@fcjbenalla.catholic.edu.au) or 03 5762 1222

Minnie Askew: [maskew@fcjbenalla.catholic.edu.au](mailto:maskew@fcjbenalla.catholic.edu.au) or 03 5762 1222

## SECTION B – CREDIT CARD PAYMENT AUTHORITY

ACCOUNT NAME			
ADDRESS			
CARD TYPE	VISA / MASTERCARD		
CARD NUMBER	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _		
NAME ON THE CARD			
CARD EXPIRY DATE	_ _ / _ _		
I/we hereby authorise FCJ College Benalla to debit my/our account being for the payment of school fees			
<input type="checkbox"/> <b>Weekly</b>			
<input type="checkbox"/> <b>Fortnightly</b>			
<input type="checkbox"/> <b>Monthly payments processed on last Friday of each month</b>			
<input type="checkbox"/> <b>4 payments processed on the last Friday of the month in February, May, August and November</b>			
Amount to be debited per payment:	\$	Date of 1 <sup>st</sup> payment:	/ /
Signed:		Date:	

## SECTION C – DIRECT DEBIT PAYMENT AUTHORITY

REQUEST TO DIRECT DEBIT	I (full name) _____ Authorise FCJ College Benalla to debit my/our account being for the payment of school fees.		
BANK NAME	Financial institution name: _____		
BANK ACCOUNT DETAILS	Name of account: _____  BSB number:      _   _   _   -   _   _   _    Account number:      _   _   _   _   _   _   _   _   _   _		
ACKNOWLEDGEMENT	By signing this Direct Debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and FCJ College Benalla as set out in this request and in your Direct Debit Service Agreement (copy available on <a href="http://www.fcjbenalla.com.au">www.fcjbenalla.com.au</a> )		
Amount to be debited per payment:	\$	Date of 1 <sup>st</sup> payment:	/ /
Signed:		Date:	