



# MARRYATVILLE HIGH SCHOOL

170 KENSINGTON ROAD, MARRYATVILLE, SOUTH AUST. 5068

Telephone: (08) 8304 8420

Facsimile: (08) 8332 3228

Email: [dl.0817\\_info@schools.sa.edu.au](mailto:dl.0817_info@schools.sa.edu.au)

## **STUDENT FEE INSTALMENT AGREEMENT CARD**

**Please Note** - Full payment of Materials & Services Charges for 2020 are due by 10<sup>th</sup> May 2020 unless this Instalment Agreement has been completed. The payment options listed below are offered to all families to allow an easy payment process for 2020 school charges.

All instalment/payments should be completed by 2<sup>nd</sup> October 2020. Please contact our finance staff if additional time is required. As charges differ per student, please complete an Instalment Plan for each student.

Student Surname : \_\_\_\_\_ Student Given Name \_\_\_\_\_ Year Level: \_\_\_\_\_

Parent / Caregiver Name (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Please ensure you complete the following detail for all charges covered by this agreement.

Invoice Number	Description of Charge	Amount covered by this agreement
		\$
		\$
		\$
Total amount payable covered under this agreement		\$

### Payment Options

**1) Manual Instalments** Allows Parent / Caregiver to pay charges listed above by instalment up until 2/10/20.

Periodic Amount - \$ \_\_\_\_\_ Periodic Frequency – Weekly / Fortnightly / Monthly /Quarterly

Number of payments \_\_\_\_\_ or  until invoice / charge listed above is fully paid.

Periodic starting date is \_\_\_/\_\_\_/\_\_\_ and ending date is \_\_\_/\_\_\_/\_\_\_

Payment of manual instalments on the set dates is the responsibility of the person named in the agreement. For your convenience credit card payments can be made via the schools website (Bpoint), or via the CBA smart phone app (Qkr). It is expected that full payment of this arrangement will be completed by 2/10/20.

**I agree to pay the charges listed above by instalments. I understand that failure to complete payments at the times specified on 2 consecutive occasions and where the school has notified me that this agreement can be terminated and the debt will be pursued after 10<sup>th</sup> May 2020.**

**I understand that this agreement is ONLY VALID if it is signed by the parent / caregiver and returned to the Marryatville High School Finance Officer for processing.**

Acceptance Signature:.....Dated.....

**2) Automatic Periodic Instalments** Periodic payments can be directly debited from your bank account or credit card at your selected intervals. Please complete the enclosed banking authority form. Please note only one banking form is required for multiple students. It is expected that full payment of this arrangement will be completed by 2/10/20.

**I agree to pay the charges listed above by instalments as specified on the attached direct debit form. I understand that failure of my bank to honour the payments on 2 consecutive occasions and where the school has notified me, this agreement will be terminated and the debt will be pursued after 10<sup>th</sup> May 2020. I understand that this agreement is ONLY VALID if it is signed by the parent / caregiver with the attached completed banking form and returned to the Marryatville High School Finance Officer for processing.**

Acceptance Signature:.....Dated.....

# For office use only.

Date Instalment Agreement received. \_\_\_/\_\_\_/\_\_\_

1) Manual Payment of Instalments

Payment default \_\_\_\_\_ Parent notified \_\_\_\_\_ Action \_\_\_\_\_

Payment default \_\_\_\_\_ Parent notified \_\_\_\_\_ Action \_\_\_\_\_

2) Automatic Payment of Instalments

Direct Debit request form received \_\_\_/\_\_\_/\_\_\_.

Direct Debit Form processed and receipted \_\_\_/\_\_\_/\_\_\_.

Customer Reference Number 1 \_\_\_\_\_ (Family Code)

Customer Reference Number 2 \_\_\_\_\_ (Student name / Invoice No.)

Customer Reference Number 3 \_\_\_\_\_ (Direct Debit Account Holder  
Surname, First Name)

Payment default \_\_\_\_\_ Parent notified \_\_\_\_\_ Action \_\_\_\_\_

Payment default \_\_\_\_\_ Parent notified \_\_\_\_\_ Action \_\_\_\_\_