

**APPROVED PAYMENT PLAN ADVICE
2017 FEES – CREDIT CARD**



Parent(s) / Caregiver(s) Surname: _____

Parent(s) / Caregiver(s) First Name: _____

This Approved Payment Plan Advice must be completed, signed and returned to the College Finance Secretary to establish an Approved Payment Plan with the College for the 2017 school year. Please refer to the information located on the College website by clicking Enrolment tab and selecting 'Fees' or via the Parent Portal to assist with completion.

Return to Margaret Avsec:

- Fax - (07) 5529 4711
- Email - mavsec@assisi.qld.edu.au
- Post - PO Box 1496, Oxenford 4210
- Drop - into Fees Office at the College

OFFICE USE ONLY			
Date Received	/ /	Account #	
<input type="checkbox"/> Loaded	<input type="checkbox"/> Classification Altered	<input type="checkbox"/> Notes Entered	<input type="checkbox"/> Balance Check

FEES CALCULATION WORKSHEET

MUST BE COMPLETED

Account Name:			
BPay Reference:		Billor Code:	616-318

Term Fees (as per 2017 Term Fees and Charges Schedule)			
1 st Child	Name	Year:	\$
2 nd Child	Name	Year:	\$
3 rd Child:	Name	Year:	\$
4 th Child:	Name	Year:	\$
Sub-total Term Fees:			\$
<i>Term Charges</i> (i.e. Child Care / Hospitality Certs \$80-130pt, Music / Business / Fitness Certs \$50pt, Futsal Elective Levy \$25pt)		Year:	\$
Total Term Fees:			\$
X 4 Terms or number of terms remaining =			\$
Camp / Retreat Fees (estimate only)	Year 5 - \$220, Year 6 - \$300, Year 7 - \$300, Year 9 - \$990, Year 11 - \$320		\$
Other Levies (estimate only)	Stationery Pack – Prep to Year 6 (\$90) Term 4 Sport Levy – Years 7 to 11 (\$90)		\$
Total Annual Fee			\$

Calculations		
Fee Balance as at:	dd / mm / yyyy	\$
Less payments yet to be receipted	# @ \$ =	\$
Total Annual Fee including Balance		\$

FEES CALCULATION WORKSHEET (continued)

Repayment Calculations – Weekly

Total Annual Fee	\$ ÷ weeks = (rounded up to nearest \$)	\$ per week
Start Date: / / 2017	Finish Date: / / 2017

OR

Repayment Calculations – Fortnightly

Total Annual Fee	\$ ÷ fortnights = (rounded up to nearest \$)	\$ per fortnight
Start Date: / / 2017	Finish Date: / / 2017

OR

Repayment Calculations – Monthly

Total Annual Fee	\$ ÷ months = (rounded up to nearest \$)	\$ per month
Start Date: / / 2017	Finish Date: / / 2017

I / We have read the Fees Policy on the College website and commit to the payment schedule as above which ensures that my / our fees have been paid in full by:

- 30 November 2017
- 3 November 2017 for Year 12 exiting families.

I / We agree to review my / our quarterly invoices for accuracy and extra charges that appear which have not been calculated in this worksheet and will manually pay either electronically or at the fees office by the invoice due date.

Parent / Caregiver Name: _____

Parent / Caregiver's Signature: _____

Date: _____

Assisi Catholic College

173 Billingshurst Crescent, Upper Coomera Qld 4209

PO Box 1496, Oxenford Qld 4210

Telephone: 07 5656 7100

Email: pscoomera@bne.catholic.edu.au



ARCHDIOCESAN
DEVELOPMENT
FUND

AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

Action (Please tick): New request Alteration Cancellation

Student/s Name/s:

Surname:

Name:

Address:

Postcode:

SECTION 1 – CARD DETAILS (ALL DETAILS MUST BE SUPPLIED)

Type of Card (Please tick): VISA MASTERCARD

Cardholder Name (As appears on card):

Card Number:

Expiry Date (dd/mm/yy):

Please black out this section after loading.

SECTION 2 – DESCRIPTION OF GOODS/SERVICES (FOR EXAMPLE, SCHOOL FEES)

SECTION 3 – READY RECKONER

For assistance in calculating payment dates using the Ready Reckoner please refer to ADF website or follow the link <https://adf.brisbanecatholic.org.au/ready-reckoner>

SECTION 4 – PAYMENT DETAILS

Payment Frequency (Please tick): Fortnightly Monthly Once Only

No. of Payments:

Start Payment Date (dd/mm/yy): / / 20

Amount per debit: \$

Final Payment Date (dd/mm/yy): / / 20

SECTION 5 – AUTHORITY

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described. In the event of any change in the charges for these goods/services, I/we authorise _____ to alter the amount from the appropriate date in accordance with such change from time to time.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

Cardholder's Signature:

Date: / / 20

PLEASE NOTE: Form to be retained for your records. Do not forward to ADF.

OFFICE USE ONLY Reference:

CC 2016/1

