



Mary MacKillop College
Kensington

Name of Student

Email: finance@marymackillop.sa.edu.au

Fee Payment Agreement

We jointly and severally accept responsibility for the payment of school fees and other costs associated with the education of our daughter in accordance with the Enrolment Contract and agree that the school fees will be invoiced to us to the Billing Address and Billing Email Address we provide below.

Billing Address:
Billing Email Address:

We agree that the school fees will be paid as follows: (Please tick preferred payment method.)

- Payment in full Payment Plan – Direct Debit Request (DDR) is required

Father/ Guardian Name:	Signature:	Date:
Mother/ Guardian Name:	Signature:	Date:

Direct Debit Request (DDR) Please tick the preferred direct debit and provide bank account or credit card details.

We request and authorise Mary MacKillop College to arrange for funds to be debited through the Bulk Electronic Clearing System from our account held at the financial institution identified below subject to the terms and conditions as set out in this Direct Debit Request and in the Direct Debit Request Service Agreement (overleaf), which we have read and understood.

We agree that the direct debit payment will continue until all our outstanding debts to Mary MacKillop College are paid in full.

We agree that this Direct Debit Authority will roll over each year with the direct debit amount adjusted for school fees current at that time.

We agree that this Direct Debit Authority will remain in force until cancelled by us.

We agree to advise of any changes to our bank account or credit card details and will complete a new Fee Payment Agreement and DDR form as required.

Amount \$ _____

- Direct Debit from bank account** – Date of first debit ____ / ____ / ____

Number of Payments*	<input type="checkbox"/> ____ months	<input type="checkbox"/> ____ fortnights	<input type="checkbox"/> 1 full payment
Financial Institution Name			
Financial Institution Address			
BSB and Account Number			
Names of Account Holders			
Signature of Account Holders			

- Direct Debit from credit card** – 15th of every month from February to November

Number of Payments	<input type="checkbox"/> ____ months	<input type="checkbox"/> 1 full payment
Card Number <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Expiry Date	CCV	
Name on Card		
Signature of Credit Card Holder		

Office Use Only

Received by _____ Date _____ Debtor ID _____ Authority # _____