



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 at the Billing Address or 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"/> 10 months	<input type="checkbox"/> 20 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	Signature
Name on Card		

Office Use Only

Received

Debtor ID

Authority#

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(08) 8333 6300
admin@marymackillop.sa.edu.au
marymackillop.sa.edu.au



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Direct Debit Request Service Agreement

Definitions

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

us or *we* means Mary MacKillop College who *you* have authorised by signing a *direct debit request*.

you means the customer who signed the direct debit request.

your financial institution is the financial institution where *you* hold the account that *you* have authorised *us* to arrange to debit.

1. Debiting your account

- 1.1 By signing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- 1.2 We will only arrange for funds to be debited from *your account* as authorised in the *direct debit request* or amount that we advise *you*.
- 1.3 If the *debit day* falls on a day that is not a *business day*, we may direct *your financial institution* to debit *your account* on the previous *business day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Changes by us

- 2.1 We may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, *you* may change the arrangements under a *direct debit request* by contacting *us* on **08 8333 6300** or emailing *us* at finance@marymackillop.sa.edu.au.
- 3.2 If *you* wish to stop or defer a *debit payment* *you* must notify *us* in writing at least seven (7) days before the next *debit day*. This notice should be given to *us* in the first instance.
- 3.3 *You* may also cancel *your* authority for *us* to debit *your* account at any time by giving *us* seven (7) days' notice in writing before the next *debit day*. This notice should be given to *us* in the first instance.

4. Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *direct debit request*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
 - (a) *you* may be charged a fee and/or interest by *your financial institution*.
 - (b) *you* may also incur fees or charges imposed or incurred by *us*; and
 - (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.
- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct

5. Dispute

- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on **08 8333 6300** and confirm that notice in writing with *us* as soon as possible so that we can resolve *your* query.
- 5.2 If we conclude as a result of our investigations that *your account* has been incorrectly debited, we will respond to *your* query by arranging for *your financial institution* to adjust *your* account (including interest and charges) accordingly. We will also notify *you* in writing of the amount by which *your account* has been adjusted.
- 5.3 If we conclude as a result of our investigations that *your account* has not been incorrectly debited, we will respond to *your* query by providing *you* with reasons and any evidence for this finding.
- 5.4 If we cannot resolve the matter, *you* can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

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6. Accounts

You should check:

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your account details* which *you* have provided to *us* are correct by checking them against a recent *account statement*; and
- (c) with *your financial institution* before completing the *direct debit request* if *you* have any queries about how to complete the *direct debit request*.

7. Confidentiality

- 7.1 We will keep any information (including *your account details*) in *your direct debit request* confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that any of our employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about *you*:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

- 8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should email to **finance@marymackillop.sa.edu.au**.
- 8.2 We will notify *you* by sending a notice to the email address *you* have given *us* in the *direct debit request*.

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