

PAYMENT OPTION FORM



Who needs to complete this form?
• *New Families*
• *Existing Families, only if amending payment details*

All fees and charges are to be paid in full by 15 November

(Parent / Guardian) First Name: _____ (Parent / Guardian) Surname: _____
Address: _____ Account Number / Parent code: _____
Total Amount Due: _____

Please complete your personal details above, select one payment option below, and **return this form to the Accounts Receivable Officer within 14 days**. If you are required to complete this form and if it is not received by the due date, your account will automatically be set to **Option 1 - Annual**.

If during the year your circumstances dictate a need to change your Payment Option, please contact the Accounts Receivable Officer immediately to discuss.

PAYMENT OPTIONS

Any carried forward balance must be paid prior to commencing Term 1 each year, unless prior approval has been granted.

Options 1 and 2 – Available to pay via Direct Debit or BPay. If direct debit, please complete authorisation below.
Option 1 – Annual 1 Instalment due by 8 Feb
Option 2 – Semester 2 Instalments due by 8 Feb & 8 Aug

Options 3 and 4 – Available to pay via Direct Debit. Please complete authorisation below. BPay option not accepted.
Option 3 – Term 4 Instalments due by 8 Feb, 8 May, 8 Aug & 8 Nov
Option 4 – Monthly 10 Instalments due by 15th of each month commencing Feb each year

DIRECT DEBIT AUTHORISATION

Please be aware that your account details will be retained by Westpac Banking Corporation and the above payments will be automatically transacted on the dates specified for your selected Payment Option above. For full Terms and Conditions please refer to the Direct Debit Request Service Agreement available at: <https://www.kennedy.wa.edu.au/enrol/fees>

CREDIT CARD
CARD TYPE Mastercard Visa Card Holder: _____
Card Number ____ / ____ / ____ / ____ Expiry Date ____ / ____ CCV # ____
Signature _____ Date _____

OR

CHEQUE or SAVINGS ACCOUNT
Name of Financial Institution _____ Branch _____
Account Holder Name _____
BSB _____ Account Number _____
Account Holder's Signature _____ Date _____

By providing my signature in the space provided above I am authorising Kennedy Baptist College to debit my credit/debit card or bank account (circle applicable option), on the dates shown above as indicated by my selected payment option and I confirm that I have read and understood the Terms and Conditions of the Direct Debit Request Service Agreement.