



ST PATRICK'S PARISH SCHOOL

ALBURY

2021 Diocesan School Fee Payment Agreement

In accordance with the Diocesan School Fee Management Policy, Fee Payers are afforded flexibility in the way in which school fees may be paid. To facilitate this flexibility, families are required to complete a *School Fee Payment Agreement* to advise the school of their intended payment option for the 2021 school year. Please complete the form below and return to St Patrick's Parish School Reception or email to spa-accounts@ww.catholic.edu.au by 26th February 2021.

Available Payment Terms

Please tick a box below to indicate your preferred payment option for 2021.

- Paying the invoice in full within 30 days of invoice date
- Weekly repayments commencing Thursday 4th March for 40 weeks, paid in full by 2nd December 2021
- Fortnightly repayments commencing Thursday 11th March for 20 fortnights, paid in full by 2nd December 2021
- Monthly repayments commencing week of 2nd March for 10 months, paid in full by 2nd December 2021
- Alternative arrangement
 - Request an appointment with the School Principal to discuss fees prior to 26th February 2021
 - Request an appointment with the Diocesan School Fee Liaison Manager prior to 26th February 2021.

For assistance in calculating the amount per debit, refer to the School Fee Repayment Calculator. Remember to add any carry over balance from previous year : <https://www.catholic.edu.au/school-fee-repayment-calculator/>

Available Payment Methods

Please tick a box below to indicate your preferred payment method and complete the relevant form in appendix A or B.

- Direct Deposit - See Appendix A for the School's bank account details
- Direct Debit - Complete Appendix B
- Credit Card - Complete Appendix B
- EFTPOS - Can be paid at the School Office or complete the Credit Card slip at the bottom of the fee statement and return it to the school office.

School Name	St Patrick's Parish School, Albury			
Your Account Number as Per School Fee Statement				
Student Name/s				
Address				
Parent/ Carer 1	Phone		Email	
Parent/ Carer 2	Phone		Email	

I / We agree to meet my / our commitment indicated on this agreement. I / We undertake to contact the school to make amendments should circumstances change that may result in variances to this Agreement, including but not limited to, sibling enrollment, change of bank details, change of payment method, etc.

Parent / Carer 1 Name _____ Signature _____ Date ___/___/___

Parent / Carer 2 Name _____ Signature _____ Date ___/___/___

Yearly Tuition Fee (A)

The tuition fee structure is designed to assist all families with more than one student at school, by reducing fees by a set percentage per student. Every family at St. Patrick's receives a fee statement. Fees are invoiced for the year in February.	No. of Students in family	Tuition Fee per year per family	Tuition fee % discount
	1	\$1,377.00	
Follow the row across and establish what your tuition fee is for the number of students in your family. Insert this figure in (A) below.	2	\$2,203.20	20%
	3	\$2,685.15	35%
	4	\$2,754.00	50%

Yearly Resource Fee

This fee is charged per student (not per family). There is no discount on the Resource Fee. This fee covers items such as exercise books, pens, pencils, copy paper, paint, technology, and all other consumables. (B)

Kinder to Year 2 = \$460 per student No. of students _____ x \$460 = _____

Year 3 to Year 4 = \$490 per student No. of students _____ x \$490 = _____

Year 5 to Year 6 = \$515 per student No. of students _____ x \$515 = _____

Insert this total in (B) below. \$ _____

Excursion / Activity Fee

Please note that this fee will **not** be invoiced as in previous years. Any charges in this area will be sent via **Compass Events** on a 'pay as you go' system.

Building Contribution

An Optional Building Contribution of \$150 per family is charged each year. This contribution is **100% tax deductible**. These funds are used for major projects including items of maintenance. This contribution does not form part of the compulsory tuition fees but is an essential part of the school's income to enable budgetary expectations to be met.

Add these figures.

A)	\$ _____	Tuition Fee
B)	\$ _____	Resource Fee
	\$ 150.00	Building Levy (tax receipt avail)
	\$ _____	Outstanding balance (please see accompanying statement)
TOTAL	\$ _____	Add all amounts. This is due by 2nd December 2021

APPENDIX A

Direct Deposit Details - Standing Authority for payment of School Fees by Direct Deposit

Please deposit school fees into the following bank account;

Account Name: St Patrick's Parish School Board Account
 BSB Number: 062 500
 Account Number: 0093 1193
 Reference Details: Please use your School Fee Account Number and surname (eg: 1234Smith) as per School Fee Statement

Direct Debit Request - School Fees

Standing Authority for Periodic Payment of School Fees by Direct Debit

I / We (Full Name) _____

Authorise St Patrick's Parish School, Albury (APCA ID No. 208581)

to arrange for funds to be debited from my/our account at the financial institution identified below via the Bulk Electronic Clearing System (BECS). Each debit or charge must be effected according to the direct Debit Request Service Agreement. Details of the account to be debited are as follows:

School Fees Account Number _____

Option 1 - New Payment Details - Direct Debit from Bank Account

Name of Financial Institution _____

Account Name _____

BSB Number _____ - _____

Account Number _____

I request that you debit my/our bank account in accordance with the schools Direct Debit Service Agreement and subject to one or more of the following conditions.

Amount per debit \$_____

For assistance in calculating the amount per debit, refer to the School Fee Repayment Calculator: https://www.catholic.edu.au/school-fee-repayment-calculator/

Frequency of my debit (please tick appropriate box)

- Weekly Fortnightly Monthly

Date of first debit ___/___/___ Final payment date (optional) ___/___/___

Option 2 - New Payment Details - Direct Debit from Credit Card

I request that you debit my/our credit card in accordance with the schools Direct Debit Service Agreement and subject to one or more of the following conditions.

Amount per debit \$_____

Frequency of my debit (please tick appropriate box)

- Weekly Fortnightly Monthly

Date of first debit ___/___/___ Final payment date (optional) ___/___/___

Card Number _____/_____/_____/_____

Card Expiry Date ___/___ CCV_____

Before Signing this section, please read the Service Agreement following. Your signature below will indicate you accept the terms of the Service Agreement (as detailed below) and confirm that the details on this form have been checked and are correct. If debiting a joint account that requires 2 signatures to authorise payments, please have 2 account holders sign. If the account is held by a company please have one director and the company secretary each sign. If you are signing for and on behalf of an entity, please state the capacity in which you sign in the signature section below.

Name _____ Name _____

Signature _____ Signature _____

Date ___/___/___ Date ___/___/___

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, including the Direct Debit Request.

Business day means a day other than a Saturday or Sunday or a listed public holiday

Debit day means the day that payment is due.

Debit payment means a particular transaction where a debit is made, according to your Direct Debit Request.

Direct debit request means the Direct Debit Request between Us and You, *Us* and *We* and *our* means St Patrick's Parish School, Albury

You means the customer(s) 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

By signing a *Direct Debit Request*, you have authorised us to arrange for funds to be debited from your account according to the *agreement we have with you*.

We will only arrange for funds to be debited from your account:

- as authorised in the *Direct Debit Request*;

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 following or previous business day. If you are unsure about which day your account has or will be debited, please check with your financial institution.

2. Changes by you

If you wish to stop a debit payment you *must* write to *us* at least *14 business days* before the next *debit day*. This notice should be given to *us* in the first instance.

3. Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made. If there are insufficient funds available in *your account* to meet a *debit payment*:

- *you* or *your account* may be charged a fee and/or interest by your *financial institution*;
- *you* or *your account* may be charged a fee to reimburse *us* for charges we have incurred for the failed transactions;
- *you* must arrange for the payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so we can process the debit payment. Please check *your account* statement to verify that the amounts debited from your account are correct. We will not issue individual confirmation of payments made.

4. Dispute

If you believe that there has been an error in debiting *your account* you should call *us* on 02 6021 4464 and confirm the details in writing with *us* as soon as possible so that we can resolve *your* query quickly.

5. Accounts

You should check;

- with your *financial institution* whether direct debiting is available from *your accounts* offered by financial institutions.
- *your account* details which you have provided to *us* are correct by checking them against a recent *account* statement; and
- with your *financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request*. Warning: if the *account* number you have quoted is incorrect, you may be charged a fee to reimburse *our* costs in correcting any deductions from:
 - an account *you* do not have authority to operate;
 - or an account *you* do not own.

6. Confidentiality

We will keep any information (including *your account* details) on *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. However, *we may use* your contact details to provide information about the School. Should *you* wish this not be the case, please advise the School in writing.

