



## 2024 PAYMENT OPTION FORM

Family Name:		
Residential Address:		
Suburb:		P/code:
Phone Numbers:	Home:	Mobile:
Email Address:		
Student Name		
Student Name:		
Student Name:		

**Payment Section** – Please select your preferred payment option

- 1 instalment for Early Payment Discount –  
Payment must be paid in full **by Friday, 23<sup>rd</sup> February 2024** to be eligible for this early payment discount.
- 3 instalments – March, May, August (Week 5 of Term 1, 2 and 3)
- 40 equal weekly payments – January to November
- 20 equal fortnightly payments – January to November
- 10 equal monthly payments – January to October
- Ongoing payment plan - I understand that if I choose this option, my payments will continue and remain in place until I/we provide written notification to cease payments. Any overpayments on my account will be applied to the following year's School Fees & Charges.
- Ongoing from previous year
- Other (please specify) \_\_\_\_\_

**Intended Payment Method** – Please select one of the options

- |   |  |
|---|--|
| <input type="checkbox"/> Direct Debit (form enclosed) | <input type="checkbox"/> Credit Card (form enclosed) |
| <input type="checkbox"/> BPay                         | <input type="checkbox"/> Direct Banking/EFT          |
| <input type="checkbox"/> Cash/Cheque/Eftpos           | <input type="checkbox"/> QKR                         |

Whilst considering your options, we encourage you to contact the Business Manager, email [accounts@sfx.catholic.edu.au](mailto:accounts@sfx.catholic.edu.au) should you feel that there may be circumstances that will make it difficult for you to satisfy your fee commitment.

The name(s) and signatory(ies) on the Enrolment Contract are jointly and severally liable for School fees and charges. Parents/Guardians are required to make their own personal arrangements to ensure payment of the school fees. Should a Court Order be in place in relation to payment of fees, please provide a copy of the order and the Finance Team will be in contact with you.

I/We..... acknowledge that I/we are responsible for payment of fees and charges.

Signature ..... Dated .....