

DIRECT DEBIT FORM 2022



FOR SCHOOL FEES AND CHARGES

To assist the Finance Office with setting up payment options for your School Fees and Charges, please complete the details below. **The Business Office will not deduct any Credit Card or Direct Debit fees until we receive this form of authorisation.**

(Please refer to the Direct Debit Terms and Conditions on the College website -www.princeofpeace.qld.edu.au).

Account Holder Name(s): _____

Student Name(s): _____

Fee account number: _____ **Parent Email:** _____

I hereby authorise Prince of Peace Lutheran College to arrange payment of school fees and charges from the start date via the following method:

Method of Payment: (Please provide relevant details)

Credit Card	Direct Debit
Cardholder's Name:	Account name:
Card Number: _____/_____/_____/_____ Expiry Date: _____ CCV: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bank: _____ BSB: _____/_____ Account Number: _____

Deductions to be made as follows: (Please tick)

<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Termly (First Friday each term)
<input type="checkbox"/> Monday		<input type="checkbox"/> 2nd	<input type="checkbox"/> 25 January
<input type="checkbox"/> Tuesday		<input type="checkbox"/> 16th	<input type="checkbox"/> 22 April
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Other _____	<input type="checkbox"/> 15 July
<input type="checkbox"/> Thursday			<input type="checkbox"/> 7 October
<input type="checkbox"/> Friday			Amount: <u>Balance at due date to be debited</u>
Amount: _____		Amount: _____	

Commencement Date: ____/____/____

Number of Payments: _____ **OR tick to continue until further notice**

(Ticking the box means payments will continue over the Christmas holiday, unless notice has been received from the authorised e-mail to suspend payment for a period of time.)

I understand that all college fees are to be paid in full by the end of each school year and that there are \$20 administrative fee for any failed payments.

Signature: _____ **Date:** _____

Office Use Only: Date Entered: _____ Signed: _____
