

2024 Fee Payment Agreement

At St Columba College, the contribution of fees by parents and caregivers is essential to the College's ability to provide and resource its educational program. We ask all new families and families with additional children commencing in 2024 to complete and return this form.

Please return this form to the Finance Office, nominating your preferred payment option and method below:

Student's First Name:
Student's Last Name:
☐ I will be eligible for a School Card in 2024
☐ I require an appointment with the Business Manager
SECTION A
☐ I will make a lump sum payment before 28 February for the whole year upfront, attracting a 10% discount.
SECTION B
☐ I would like to make two lump sum payments, attracting a 5% discount.
The 1st payment will be made prior to 28 February:
The 2nd payment will be made prior to 31 August:
SECTION C
☐ I would like to make four lump sum payments, attracting a 3% discount.
The 1st payment will be made prior to 28 February:
The 2nd payment will be made prior to 31 May:
The 3rd payment will be made prior to 31 August
The 4th payment will be made prior to 30 November:

PLEASE FILL OUT PAYMENT METHODS AND AUTHORISATION ON THE FOLLOWING SIDE OF THIS FORM



PAYMENT PLANS						
I will be making payments	using the meth	nod selected below:				
☐ I will make Cash / EFTF	POS payments a	at the Finance Office				
☐ I will make payments v	via BPAY					
☐ Please set up a direct	debit from my s	savings or credit card	d account, details belo	w. 🗌 Use current	details on file	
☐ Please deduct paymer	nts from my Cer	ntrelink account. (Ple	ease visit the Finance C	Office to complete	forms)	
Please fill in your infor	mation for yo	ur selected paymo	ent method:			
INSTALMENT REQUE						
I would like to pay instalm		WEEKLY	FORTNIGHTLY	MONTHLY	QUARTERLY	
Beginning from this date:						
DIRECT DEBIT REQUE	ST					
BANK NAME:						
ACCOUNT HOLDERS NAM	1E:					
BSB NUMBER:	BER: ACCOUNT NUMBER:					
OR						
CREDIT CARD REQUE	ST					
☐ MASTERCARD ☐ V	/ISA					
NAME OF CARD HOLDER:						
ACCOUNT NUMBER:						
EXPIRY DATE:			CVC:			
CARD HOLDERS SIGN	IATURE					
SIGNATURE:			DATE:			
NAME:						