

Optional Payment Method Agreement

Family Name: _____ Family ID: _____

Method of Payment (select one option)

Direct Debit

I/We authorise: **Samaritan College** with ABN **53 539 607 564** and with Debit User Number 349789 the Debit User, to debit my/our account, detailed in the Schedule below, with any amount through the Direct Debit System. I/we must pay you when due under the arrangement between us. This authority is to remain in force until further notice.

The Schedule

Financial Institution Name: _____

Address: _____

Account Title: _____

BSB Number: _____ - _____

Account Number: _____

Credit Card: Visa Mastercard

Card number _____ Expiry ____/____

Name on card _____

Centrelink: Quote number 555 071068C on your application.

Frequency of Payment

Please select your payment frequency and a starting date.

- Weekly
- Fortnightly
- Monthly - 12 payments on same date each month
- Termly - 4 payments on same date every 3 months

Starting Date		Amount
/	/	\$.
/	/	\$.
/	/	\$.
/	/	\$.

I/we acknowledge that this agreement will remain in place for the entire duration of my child/children's enrolment. I understand that I will be notified of any changes to the payment amount each year and will have the opportunity to discuss this amount prior to the first payment being made.

Name: _____ Signature: _____ Date: ____/____/____

Name: _____ Signature: _____ Date: ____/____/____



Please return to:
Front office OR
Samaritan College, PO Box 351, WHYALLA SA 5600
IN CONFIDENCE - when completed