

# SCHOOL FEES – DIRECT DEBIT AUTHORISATION

## Details of Person/s Paying Account

|         |  |
|---------|--|
| Name/s: |  |
| Email:  |  |
| Phone:  |  |
| Mobile: |  |

## Account to be Debited

| Bank Account  |  | Credit Card Account |                   |
|---------------|--|---------------------|-------------------|
| Bank:         |  | Card Type:          | Visa / Mastercard |
| BSB:          |  | Card No:            | -----             |
| Account No:   |  | Expiry:             | CCV:              |
| Account Name: |  | Name on Card:       |                   |

## Frequency

Please indicate frequency payment method for direct debit payment option:

- Weekly – The direct debit will occur on Fridays
- Fortnightly – The direct debit will occur on Fridays
- Monthly – The direct debit will occur on the 28<sup>th</sup> of each month

## Authority

I/We request and authorise Korowal School to arrange for funds to be debited from my/our nominated bank or credit card account (as listed above) and credited to the school. I/We understand that the amount debited will be calculated according to the frequency option ticked above in order to cover school fees for our child/children.

I/We have read the Korowal School Fee Policy and Korowal School Fee Schedule.

I/We understand that the fees will change on an annual basis and the amount debited will automatically change at the commencement of the new school year.

I/We understand that this agreement may be cancelled by contacting the Korowal School Office on 4758 7466 and speaking with Finance Department. A minimum of 48hours notice must be received in order to organise the cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_