ST LUKE'S COLLEGE
PO Box 971
Karratha 6714
accounts@stlukescollege.wa.edu.au
(P) 08 9144 1081
(F) 08 9185 2124
ABN 99 231 580 236

PAYMENT PLAN AUTHORITY FORM

I/We: _____

Student/s name/s: _____ Year level/s: _____

- ☑ Request and authorise St Luke's College to debit my/our below detailed account to pay for my / our child's school fees subject to the terms and conditions of St Luke's Fee Policy.
- ☑ Agree to ensure that there are sufficient funds available on the date of automatic payment.
- ☑ Agree to ensure that all debit payments will clear the school fees balance at the end of the payment plan in accordance with St Luke's Fee Policy.
- ☑ Agree that this authority remains in force until such time that I provide written instruction to amend or cancel this authority.

Payment Options:

- ☐ Option 1: Payment of school fees in **FULL** due by 14th April 2017
- ☐ Option 2: Payment of school fees in **3 equal quarterly** instalments due on **15th March, 15th June and 15th September 2017**
- ☐ Option 3: Payment of school fees in **9 equal monthly instalments**, due on **15th of each month from March to November 2017**
- ☐ Option 4: Payment of school fees in **18 equal fortnightly instalments**, starting **15th March & fortnightly thereafter through to 18th November 2017**
- ☐ Option 5: Payment of school fees in **36 equal weekly instalments**, starting **15th March & weekly thereafter through to 15th November 2017**

(Option 5 is ONLY available via direct debit payment plan.)

Please Note: School fees must be finalised by:
22nd September - *for Year 12 students*
18th November - *for Year 7 to Y11 students*

Payment Method:

- ☐ Eftpos, cash , cheque **(available for Option 1 only)**
- ☐ Direct Debit Regular Payment Plan
- ☐ Credit Card Regular Payment Plan

Payment Amount: $ _____

☐ **Direct Debit Payment from bank account:**

BSB: |__|__|__| - |__|__|__| **Account Name:** _____

Account Number: |__|__|__|__|__|__|__|__|__| **Bank Name:** _____

☐ **Credit Card Payment :**

Full name on Card: _____

Card Number: |__|__|__|__| |__|__|__|__| |__|__|__|__||__|__|__|__|

Expiry Date: |__|__|-|__|__|

By signing, you agree to the College Terms and Conditions as stated in the Fees Policy.

Signature : _____ Date: _____ / _____ / _____

I/We would also like to contribute to the voluntary building fund (suggested amount $250, fully tax deductible)

Please debit my chosen account on the ____ / ____ /____ for $250. Alternatively, please state donation for Building Fund $ _____

Signature: _____ Date: ____ / ____ / _____

(only sign here if you wish to make voluntary donation)

FOR COLLEGE USE ONLY:

FAMILY CODE: _____

Date Received: _____ / _____ / _____ Date Actioned: _____ / _____ / _____ Actioned by: _____