

School Fees Payment Authority 2024



By signing this document, I/We authorise Archdiocesan Development Fund with Debit User Number 062782 (the Debit User), & on behalf of Ambrose Treacy College (the College), to debit my/our account detailed below through the Bulk Electronic Clearing system (BECS). The College may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits to my nominated bank account or credit card as follows:

Pay fee account in full (First day of term one - No discount is offered)

4 term instalments (First day of each term)

10 monthly instalments (February to November incl)

SELECT CYCLE 10th OR 20th of each month

20 fortnightly instalments (1st February – 24th October inclusive)

40 weekly instalments (31st January – 30th October inclusive)

Name: _____ Parent Account Number: _____

Direct Debit (Australian Bank Accounts only)

Note: Direct debit is not available on the full range of accounts. If in doubt please refer to your financial institution.

- Please debit my/our nominated bank account with any charges/tuition fees as per my/our annual fee account, including any miscellaneous charges appearing during the year.
- I/We acknowledge this authority is to remain in place until cancelled in writing by me/us or the payment of all outstanding amounts with the College.

Financial Institution Name: _____

Address: _____

Account Name: _____

BSB Number: -

Account Number:

Signature (s) _____ Date: ____ / ____ / ____

(signatures of all accounts holders are required for joint accounts)

Name(s) _____

Credit Card Option

- Please debit my nominated credit card with any charges/tuition fees as per my annual fee account, including any miscellaneous charges appearing during the year
- I acknowledge this authority is to remain in place until cancelled in writing by me or the payment of all outstanding amounts with the College
- This authority shall stand, in respect of the below specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the merchant in writing of its cancellation.

Card Type MCard Visa Expiry Date /

Credit Card No

Signature (s) _____ Name: _____ Date: ____ / ____ / ____

Fees – Direct Debit Request Service Agreement

- The Archdiocesan Development Fund (ADF), on behalf of your school, undertakes to debit your account on the nominated day each period as per the information you provide. Please note the ADF will not issue billing advices to you. Confirmation that the debit has occurred will be evidenced by the debit entry to your nominated bank or financial institution account.
- The ADF will provide you 14 days notice, through the school if we change any of the terms of the Service Agreement
- You should contact School Administration should you wish to:
 1. Alter the amount or defer any arrangements
 2. Stop any debit item or cancel this Direct Debit Request, or
 3. Query or dispute any debit item
- The School will in turn contact the ADF and provide your *written instructions* in relation to “1.” and “2.” above. In respect of “3.”, the School will provide details to the ADF who will investigate your claim and then liaise directly with you to achieve a resolution satisfactory to both the ADF and you.
- Direct Debiting is *not available* on all bank accounts. You will need to check with your Bank or Financial Institution if you are uncertain whether your account is suitable for direct debiting.
- You should check your account details against a recent statement from your Bank or Financial institution to insure their correctness. If uncertain, check with your Bank or Financial Institution before completing the Direct Debit Request.
- It is your responsibility to have sufficient cleared funds available in the relevant account by the due date to permit the payment of Debit items in accordance with the Direct Debit Request.