



**CORPUS CHRISTI
COLLEGE**

Corpus Christi College

50 Murdoch Drive, Bateman WA 6150
Telephone: 08 6332 2500 | corpus.wa.edu.au

Please return completed form to CollegeAccounts@corpus.wa.edu.au

Account Number:

Payment Reference:

Name:

SECTION ONE: PAYMENT OPTION ADVICE FORM

Instalment Options - Please select one option by ticking applicable box

Option 1	<input type="checkbox"/>	01 Instalment	Full Annual Payment in February
Option 2	<input type="checkbox"/>	10 Instalments	10 Monthly instalments from February to November
Option 3	<input type="checkbox"/>	20 Instalments	20 Fortnightly instalments from February to November

Payment Method - Please select by ticking applicable box

- BPay
 Direct Debit (Bank Account)
 Cash In Person
 Direct Debit (Credit OR Debit Card)
 Credit Card In Person
 Credit Card By Telephone

SECTION TWO: PAYMENT AGREEMENT

Credit Card Authorisation

Card Type Mastercard Visa

Card Number _____ Expiry _____ / _____

Start Year: _____ End Year: _____ Keep my payments ongoing for the duration of my child/children's education Yes No

Card Holder's Name: _____

I authorise Corpus Christi College to charge my credit card as identified above.
Card Holder's Signature: _____ Date: _____

Direct Debit Authorisation

Your Surname or company name _____ Your Given names or ABN/ARBN _____ "you"
request and authorise **Corpus Christi College User ID 375114** to arrange, through its own financial institution, a debit to your nominated account any amount **Corpus Christi College**, has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name of Financial Institution: _____ Branch: _____

BSB _____ / _____ Account Number _____

Start Year: _____ End Year: _____ Keep my payments ongoing for the duration of my child/children's education Yes No

By signing and/or providing us with a **valid instruction** in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Corpus Christi College** as set out in this Request and in your Direct Debit Request Service Agreement available on the school website.

Signature: _____ Address: _____ Date: _____

Signature: _____ Address: _____ Date: _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

SECTION THREE: DECLARATION

I/we hereby acknowledge that our account with Corp us Christi College will be paid in full by November each year. I/we will contact Corpus Christi College in writing should I/we be unable to commit to this agreement.

Parent/Guardian: _____ Signature: _____ Date: _____

Parent/Guardian: _____ Signature: _____ Date: _____