



**CORPUS CHRISTI  
COLLEGE**

## Corpus Christi College

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

www.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\* - College Preferred
  Direct Debit (Bank Account)
  Cash In Person  
 Direct Debit (Credit Card)\*
  Credit Card In Person
  Credit Card By Telephone

### SECTION TWO: PAYMENT AGREEMENT

#### Credit Card Authorisation

Card Type	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card Number	Expiry /	
Start Year:	End Year:	Keep my payments ongoing for the duration of my child/children's education <input type="checkbox"/> Yes <input type="checkbox"/> No
Card Holder's Name:		
I authorise Corpus Christi College to charge my credit card as identified above.		Date:
Card Holder's Signature:		

#### 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 Corpus 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:	Parent/Guardian:	Date:
Signature:	Signature:	