Our Lady of Good Counsel Catholic Primary School
117 Miles Street Karrinyup WA 6018
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ABN 72 684 318 130

FEE PAYMENT FORM

Surname: _____ Given Names: _____

Eldest child's name: _____ Class level: _____ Family Code: _____

Instalment Option – Please select (x)

☐	Option 1:	Payment in full	Due 23/3/17
☐	Option 2:	2 Instalments	Due 23/3/17 and 24/8/17.
☐	Option 3:	4 Instalments	Due 23/3/17; 25/5/17; 24/8/17 and 26/10/17
☐	Option 4:	9 Instalments	Monthly payments commencing 23 March 2017
☐	Option 5:		Fortnightly payments March to November 2017
☐	Option 6:		Weekly payments March to November 2017

Payment Option – Please select (x)

☐ Direct Debit Bank Account – All Options – Please complete the Direct Debit Authorisation below.
☐ Direct Debit Credit Card – Options 1 to 4 – Please complete the Direct Debit Authorisation below.
☐ Telephone – Options 1, 2 & 3 (Credit Card only)
☐ In Person – Options 1, 2 & 3 (Cash, cheque, Credit Card/EFTPOS)
☐ EFT – Options 1, 2 & 3 (Internet Banking)

*Authorisation of regular **Credit Card payments** for 2017*	Card Type: Mastercard Visa
Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	Card Expiry Date: /
Cardholder's Name:	Phone Number:
Payment Amount: $ x *(number of payments)*	Start Date: / /
Final Payment: $	Finish Date: / /
I authorise Our Lady of Good Counsel School to charge my credit card as identified above.	
Signature:	Date: / /

*Authorisation of regular **Saving or Cheque account payments** for 2017*	
Name of Financial Institution:	Branch:
Account Name:	
BSB Number:	Account Number:
Payment Amount: $ x *(number of payments)*	Start Date: / /
Final Payment: $	Finish Date: / /
I / we authorise Our Lady of Good Counsel School to arrange for funds to be debited from my/our account at the financial institution identified as above. This authorisation is to remain in force in accordance with the terms described in the Our Lady of Good Counsel School Direct Debit Request Service Agreement (on website).	
Account Holders Signature/s:	Date: / /

Please return completed form no later than 30th March 2017.

DECLARATION:
I / we hereby acknowledge the School Fees will be paid in full by 26 October 2017 or by the nominated end date, based on the payment option I / we have selected. I/we will contact the school in writing should I / we be unable to finalise the fees on time.

Parent / Guardian Signatures: _____ _____

Date: _____