



**PAYMENT ARRANGEMENTS FORM**  
**To be lodged with the College office by 30 January 2024**

<b>SECTION 1 FAMILY DETAILS</b>		
Name of each child at Guilford Young College		Year Group
_____		_____
_____		_____
_____		_____
_____		_____

  

	Parent/guardian 1	Parent/guardian 2
<b>Name</b>	_____	_____
<b>Signature</b>	_____ Date: _____	_____ Date: _____

By signing this document each parent/guardian confirms their agreement to the payment arrangements outlined below. Separate copies of the form can be signed by each parent/guardian if convenient.

Where parents/guardians manage their finances separately from each other they may wish to split payment of fees between them by completing both columns below. However, most parents/guardians jointly pay fees and should only complete the left column below.

<b>SECTION 2 PAYMENT ARRANGEMENTS</b>		
	Parent/guardian 1 or both if jointly paying	Parent/guardian 2 ( <i>only if not jointly paying</i> )
<b>Percentage of fees</b>	<input type="checkbox"/> Jointly responsible or _____ %	_____ % (only complete if not jointly paying)
<b>Payment frequency</b>	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly (Thursday) <input type="checkbox"/> Weekly (Friday)	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly (Thursday) <input type="checkbox"/> Weekly (Friday)
<b>Payment method</b>	<input type="checkbox"/> Direct debit ( <i>complete direct debit form</i> ) <input type="checkbox"/> Scheduled credit/debit card ( <i>complete section 4</i> ) <input type="checkbox"/> BPAY/BPoint ( <i>see details on invoice</i> ) <input type="checkbox"/> EFT/bank deposit ( <i>see details on invoice</i> ) <input type="checkbox"/> EFTPOS/cash/cheque ( <i>in person at school</i> ) <input type="checkbox"/> Centrepay ( <i>contact College office to arrange</i> )	<input type="checkbox"/> Direct debit ( <i>complete direct debit form</i> ) <input type="checkbox"/> Scheduled credit/debit card ( <i>complete section 4</i> ) <input type="checkbox"/> BPAY/BPoint ( <i>see details on invoice</i> ) <input type="checkbox"/> EFT/bank deposit ( <i>see details on invoice</i> ) <input type="checkbox"/> EFTPOS/cash/cheque ( <i>in person at school</i> ) <input type="checkbox"/> Centrepay ( <i>contact College office to arrange</i> )

**Please note that these payment arrangements are administrative only and do not affect your ultimate joint and several legal liability for the entire amount of the fees.**

**In the event of default on payment arrangements, the total amount outstanding will become immediately due and the school reserves its right to take steps to recover it in full.**

### SECTION 3 FAMILY DISCOUNT DETAILS

A family discount can be claimed by families with 3 or more children at Tasmanian Catholic schools or colleges, in accordance with the Catholic Education Commission Tasmania School Fees Assistance Policy.

We wish to claim the family discount (**only available where this form is lodged on time**)

*If claiming the family discount please provide details of siblings at Tasmanian Catholic schools or colleges other than Guilford Young College. Enrolment may be verified with the named school or college.*

Sibling name	Grade	Catholic school/college
_____	_____	_____
_____	_____	_____
_____	_____	_____

### SECTION 4 CREDIT/DEBIT CARD DETAILS

Complete this section where scheduled credit/debit card has been chosen as a payment method.

Monthly payments are to be made in instalments due at the end of each month February to November. On occasions where a scheduled payment falls due on a weekend, public holiday or during a school holiday break, the payment will be processed on the following business day, or as soon as possible thereafter.

#### Parent/Guardian 1

Cardholder name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount

\$ \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Card number

Expiry date

Signature

#### Parent/Guardian 2

Cardholder name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount

\$ \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Card number

Expiry date

Signature

### SECTION 5 FEE ASSISTANCE

Fee assistance may be available for families experiencing financial difficulty and demonstrating financial need. Would you like someone from the College to contact you regarding fee assistance?

No       Yes