



# Emmanuel Catholic College

Whadjuk Boodjar, 122 Hammond Road, Success WA 6164  
Telephone: 08 9414 4000 Email: accounts@emmanuel.wa.edu.au  
www.emmanuel.wa.edu.au

Account Number:  
Payment Reference:  
Name:

## SECTION ONE: PAYMENT OPTION ADVICE FORM Account Balance:

Instalment Options - Please select one option by ticking applicable box			Instalment Amount	
			First	Subsequent
Option 1	01 Instalment	Full Annual Payment		
Option 2	09 Instalments	9 Monthly instalments		
Option 3	18 Instalments	18 Fortnightly instalments from		

**Payment Method - Please select by ticking applicable box**

Direct Debit	Direct Debit Bank Account	Telephone	Credit Card only
Credit Card	Direct Debit or Credit Card	In Person	Cash, Credit/Debit Cards
Online	BPAY		

## SECTION TWO: PAYMENT AGREEMENT

### Credit Card Authorisation

Card Type	Mastercard	Visa
Card Number	Expiry /	
Start Date:	End Date:	Please keep my payments ongoing    Yes    No

Card Holder's Name:

I authorise Emmanuel Catholic 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 **Emmanuel Catholic College User ID 375117** to arrange, through its own financial institution, a debit to your nominated account any amount **Emmanuel Catholic 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 Date:	End Date:	Please keep my payments ongoing    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 **Emmanuel Catholic 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 Emmanuel Catholic College will be paid in full by 28/10/2022. I/we will contact Emmanuel Catholic College in writing should I/we be unable to commit to this agreement.

Parent/Guardian:	Parent/Guardian:	Date:
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