## SUMMERLAND CHRISTIAN COLLEGE

**COLLEGE ADDRESS** Pineapple Rd, Goonellabah NSW 2480 **POSTAL ADDRESS** PO Box 7033 Lismore Heights NSW 2480

**PHONE** 02 66242 711 WEB www.mysccollege.com

**EMAIL** office@sccollege.nsw.edu.au **ABN** 65 001 562 509



## FEE PAYMENT METHODS

Paying fees for		PAYMENT AUTHORITY
PLEASE TICK THE BOX OF THE PAYMENT METHOD YOU WILL BE USING AND SIGN BELOW  PER TERM    1/ We agree to pay our School Fees within 28 Days of the Invoice issued. (This will be by the end of Week 5 each term	ID	OFFICE USE ONLY
PER TERM    1/We agree to pay our School Fees within 28 Days of the Invoice issued. (This will be by the end of Week 5 each ter    OR	Paying fees for	STUDENT NAME/S
I/We agree to pay our School Fees within 28 Days of the Invoice issued. (This will be by the end of Week 5 each ter    OR		PLEASE TICK THE BOX OF THE PAYMENT METHOD YOU WILL BE USING AND SIGN BELOW
REGULAR DIRECT DEBIT  VIA REGULAR DIRECT DEBIT (Either by Credit Card or Bank Account)  THE SCHEDULE  Debit Amount \$ Frequency of Debits PLEASETICK Weekly Fortnightly Monthly  Date of first Debit (Debits are processed on Fridays)  PAYMENT METHOD  BANK ACCOUNT Account Title BSB Number Account Number	PER TERM	
REGULAR DIRECT DEBIT (Either by Credit Card or Bank Account)  THE SCHEDULE  Debit Amount \$ Frequency of Debits PLEASETICK Weekly Fortnightly Monthly  Date of first Debit DD/MM/YYYY (Debits are processed on Fridays)  PAYMENT METHOD  BANK ACCOUNT Account Title  BSB Number Account Number BSB Number Account N	I / We agree to	pay our School Fees within 28 Days of the Invoice issued. (This will be by the end of Week 5 each term
WIA REGULAR DIRECT DEBIT (Either by Credit Card or Bank Account)  THE SCHEDULE  Debit Amount \$ Frequency of Debits PLEASETICK Weekly Fortnightly Monthly  Date of first Debit DD/MM/YYYY (Debits are processed on Fridays)  PAYMENT METHOD  BANK ACCOUNT Account Title BSB Number Account Number OR  CREDIT CARD Type of card Visa Mastercard Expiry Date Order Or		OR
Date of first Debit	_	DIRECT DEBIT (Either by Credit Card or Bank Account)
PAYMENT METHOD  BANK ACCOUNT  Account Title  BSB Number  Account Number  OR  CREDIT CARD  Type of card  Name on Card  Card Number  Card Number	Debit Amount \$ _	Frequency of Debits PLEASE TICK Weekly Fortnightly Monthly
BANK ACCOUNT  Account Title  BSB Number  Account Number  OR  CREDIT CARD  Type of card  Name on Card  Card Number  Card Number	Date of first Debit	( Debits are processed on Fridays )
BSB Number	PAYMENT METHOL	
Account Number	BANK ACCOUNT	Account Title
CREDIT CARD  Type of card  Visa  Mastercard  Expiry Date  -  Card Number  Card Number		BSB Number
CREDIT CARD  Type of card  Visa  Mastercard  Expiry Date  -  Card Number  Card Number		Account Number
Name on Card Card Number		OR
Card Number	CREDIT CARD	Type of card Visa Mastercard Expiry Date
		Name on Card
Contains Circumstance DD / MM / YYYY		Card Number
Contain a Cinnaton and Cinnaton		
Customer Signature Date	Customer Signatur	e DateDD/MM/YYYY

By signing this document, I/we authorise Summerland Christian Life Centre Limited - School (ABN 65 001 562 509), Debit User Number 120147, the Debit User, to debit my/our account, detailed in the Schedule above, with any amount, through the Direct Debit System which I/we must pay when due under the arrangement between us and in accordance with the College's Direct Debit Policy. This authority is to remain in force until the completion of the agreed schedule above or replaced by a different agreement between the school and the fee payer.

It is the responsibility of the account holder above to ensure that there is sufficient funds in their account on the nominated debit date. The College reserves the right to hand on any bank fees incurred in the event of an unsuccessful debit attempt. If debit attempts continue to be unsuccessful the College reserves the right to cancel this arrangement and seek payment via other means.

Thank you