

SUMMERLAND CHRISTIAN COLLEGE

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ABN 65 001 562 509



FEE PAYMENT METHODS

PAYMENT AUTHORITY

ID _____ OFFICE USE ONLY

Paying fees for _____ STUDENT NAME/S

PLEASE TICK THE BOX OF THE PAYMENT METHOD YOU WILL BE USING AND SIGN BELOW

PER TERM

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)

OR

REGULAR DIRECT DEBIT

VIA REGULAR DIRECT DEBIT (Either by Credit Card or Bank Account)

THE SCHEDULE

Debit Amount \$ _____ Frequency of Debits PLEASE TICK 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 -

Name on Card _____

Card Number

Customer Signature _____ Date DD/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