

Names:

Address:

Name:

Name:

Name:

CATHOLIC REGIONAL COLLEGE CAROLINE SPRINGS

Debtor ID:

Year level in 2024

Year level in 2024

Year level in 2024

YES

(Can be found on statement)

NO

2024 SCHOOL FEE PAYMENT AGREEMENT

Please return to the College by 31 October 2023

PARENT/ CARER / GUARDIAN DETAILS

CRC CAROLINE SPRINGS STUDENT DETAILS

Do you have a child attending another CRC Campus in 2024?

I/We request and authorize Catholic Regional College Caroline Springs User ID [381080] to arrange through its own financial institution, to debit funds from my/our nominated account at the financial institution shown below according to the details specified.

Please deduct money from my/our Financial Institution account.

This debit 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.

PAY	MENT OPTI	ONS - PL	EASE CH	IOOSE ON	IE									
	Option 1	Ongoing Direct Debit for the duration of the student's enrolment at the College												
			Please indicate frequency: Weekly Fortnightly Monthly											
	Option 2	38 weekly payments deducted via credit card / direct debit account												
	Option 3	20 Fortnightly payments deducted via credit card / direct debit account												
	Option 4	10 Monthly payments deducted via credit card / direct debit account												
	Option 5	4 Term payments deducted via credit card / direct debit account												
Optio	ons 2 to 5 a	are to sta	art in Fe	bruary 2	024, and	d be con	npleted	by the e	nd of	Nove	ember 2	2024		
Commencement Date			/ / Finish Date /				/ Amount: \$							
leas	e complete	e credit o	ails belo	s below: (Have you include					luded the Capital Levy Per Family,					
CRE	DIT CARD I	PAYMENT	AUTHO	RISATION										
I her	eby authoris	e CRC Ca	roline Spr	ings to de	bit my cr	edit card	as per th	e selected	payme	ent op	tions ab	ove.		
Nan	ne on Card	:												
Car	d Number:													
Exp	Expiry Date:		/		CC	CCV:		Card Type:			VISA		Mastercard	
Card holder's Signature:										Date	e:	/	/	
DIRE	ECT DEBIT I	PAYMENT	AUTHO	RISATION										
I her	eby authoris	e CRC Ca	roline Spr	ings to de	bit my/οι	ır bank a	ccount as	per the s	elected	d payn	nent opt	ions a	lbove.	
Acc	ount Name	:												
BSB Number:			Acco Num											
Account holder's signature			Date: / /							Date: / /				
	e signed by bo						, sign and	print full n	ame an	d capa	city for si	igning	eg: Director)	
CSE	F (CAMPS, S	SPORTS &	EXCURS	SION FUN	D) ELIGII	BILITY				ı				
Do you receive a Centrelink									t:					
Do y	you wish to	deduct 1	fees fron	n Centrep	ay?	YES	Please c	ontact the	Finan	ce De	pt at CR(C Card	oline Springs	
TUT	TITION FEES	SPLIT BII	LING (If	new Spli	t Billing	contact	CRCCS _F	inance)					YES	
Con	tact Name:					Split of Fees (%):								
		•												



CATHOLIC REGIONAL COLLEGE CAROLINE SPRINGS

Direct Debit Request (DDR) Service Agreement

Our commitment to you

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between **Catholic Regional College Caroline Springs, ABN 69 983 389 081**, (User ID 381080) and you. Direct Debit arrangements pertain to requests to deduct money from your financial institution account. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Drawing arrangements

- The first drawing under this Direct Debit arrangement will occur on the nominated date.
- We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request
- If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice to the address you have given us in the Direct Debit Request
- We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction, or disclosure of that information
- We will only disclose information that we have about you to the extent specifically required by law; or for the purposes of this agreement (including disclosing information in connection with any guery or claim)

Your rights

Changes to the arrangement

You may change, stop, or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by

- telephoning us on (03) 9217 8000 during business hours
- writing to: Catholic Regional College, PO Box 3198, Caroline Springs, VIC 3023, or
- arranging it through your own financial institution.

Enquiries

You may enquire about anything relating to your Direct Debit arrangement by telephoning our College office during business hours on **(03) 9217 8000**, or writing to **Catholic Regional College, PO Box 3198, Caroline Springs, VIC 3023**.

Disputes

You should check your account statement to verify that the amounts debited from your account are correct. If you believe that there has been an error in debiting your account, you should notify us directly on **(03) 9217 8000** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up with your financial institution direct.

If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

If there are insufficient clear funds in your account to meet a debit payment you may be charged a fee and/or interest by your financial institution. You may also incur fees or charges imposed or incurred by us; and you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.