

BILLING INFORMATION

School fees are a part of Enrolment at Richmond Christian College. All school fees and levies must be paid according to the invoice term or the payment plan entered into by the payers with the school. A payment plan must pay all fees and levies by the end of the calendar year they were invoiced. All other invoiced expenses have Net 30 day term.

The only payment options are ANNUAL UP FRONT PAYMENT, CENTERPAY OR NAB DIRECT DEBIT.

The form below sets out who is paying the fees and expenses for the child on this enrolment form and their siblings. This form need only be filled out once for each family.

Sometimes there are two people who are going to pay a portion of the fees each. **(Noting both portions together must add up to 100% of the fees)** In this case it is best we invoice each person for the amount they are going to be responsible for. If this is the case for your family, please choose **split billing** and have each person responsible for the fees fill in their details and payment option separately. Please note that should your child's fees be sent to debt collection, all parties listed will be 100% responsible for the account if this occurs.

BILLING INFORMATION		
	Payer 1	Payer 2
Surname		
Given Names		
Relationship to student		
Driver's licence No.		
Contact Phone Number		
Address Line 1		
Address Line 2		
City/State/Post Code		
Email address		
Split Billing (please tick 'yes' or 'No')	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage of fees the payer is responsible for. <i>(Only applies if fees are split and separately invoiced.)</i>		
Names of students for which the payer is to be invoiced.		

PLEASE CHOOSE THE PAYMENT OPTION/S FOR EACH PARENT/GUARDIAN			
Payer 1		Payer 2	
Annual up Front payment 5% discount on fees. (If paid 30 days after invoice date)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual up Front payment 5% discount on fees. (If paid 30 days after invoice date)	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAB (Direct Debit) (Fortnightly / Weekly) Fill out NAB DD form. See Finance Officer for details	Yes <input type="checkbox"/> No <input type="checkbox"/>	NAB (Direct Debit) (Fortnightly / Weekly) Fill out NAB DD form. See Finance Officer for details	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAB (DD via Credit Card) (Fortnightly / Weekly) MUST organise through the Finance Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>	NAB (DD via Credit Card) (Fortnightly / Weekly) MUST organise through the Finance Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Centerpay Deduction from benefits. (Fortnightly / Weekly) MUST organise through the Finance Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Centerpay Deduction from benefits. (Fortnightly / Weekly) MUST organise through the Finance Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payer 1 Sign	Date	Payer 2 Sign	Date
to confirm the payment details provided above: I agree to pay via the nominated payment option		to confirm the payment details provided above: I agree to pay via the nominated payment option	

Should there be any changes in your billing details, this form must be resubmitted for the office to implement those changes in the billing system.