ST PAUL'S
PRIMARY SCHOOL
KARRATHA

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PAYMENT PLAN AUTHORITY

I/We: _____

Student/s name/s: _____ Year level/s:_____

Payment Options: (please tick one box)

☐ **Option 1**: Payment of school fees in FULL due by 28 March 2024.

☐ **Option 2**: Direct Debit to be lodged within 2 weeks of fees being issued, to commence prior to 15 April 2024, and to be finalised by 31 October 2024.

☐ **Option 3**: EFTPOS, BPAY, Cash, EFT, minimum of 25% of fees to be paid each Term and account paid in full by 31 October 2024.

Please Note: Direct Debits must be finalised by 31 October 2024.
Any arrangements past this date must be made with the School Principal.

Payment Method: (please tick one box)

☐ EFTPOS, BPAY, Cash, or EFT.
☐ Direct Debit Regular Payment Plan.
☐ Credit Card Regular Payment Plan (we do not accept American Express)

Payment Amount: $ |___|___|___|___|-|___|___|

Frequency: ☐ Fortnightly ☐ Monthly

Commencing ____/_____/_____. Payments to cease on____/____/____.

The School will adjust the last payment accordingly to reflect the final balance.

Direct Debit from Bank Account

BSB: |__|__|__| - |__|__|__| Account Number: |__|__|__|__|__| |__|__|__|__|__|__|

OR Direct Debit from Credit Card MASTERCARD / VISA (Please Circle)

Card Number |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| Expiry Date |__|__|-|__|__|

Account Name _____

☐ Request and authorise St Paul's Primary School to debit my/our below detailed account to pay for my / our child's school fees subject to the terms and conditions of St Paul's Fee Policy. Please refer to the School website for a copy of the Fee Schedule and Fee Policy.
☐ Agree to ensure that there are sufficient funds available on the date of automatic payment.
☐ Agree to ensure that all debit payments will clear the school fees balance at the end of the payment plan in accordance with St Paul's Fee Policy.
☐ Agree that this authority remains in force until such time that I provide written instruction to amend or cancel this authority.

By signing, you agree to the School Terms and Conditions as stated in the Fees Policy.

Signature : _____ Date: _____ / _____ / _____