



**THOMAS MORE COLLEGE
2024 PAYMENT AGREEMENT**

Family Name:			
Student Names:			
Year levels in 2024:		Billing id	

PAYMENT OPTIONS

Please provide the following information to establish your preferred payment agreement, taking into consideration all accounts subject to an approved payment agreement are to be paid in full by 13th September 2024.

1. Selection of Payment method.

Direct Debit from credit card account (managed by Thomas More College)

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____ Name on Card: _____ (Payments and frequency as per details below)
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OR

Direct Debit from cheque/savings account (managed by College)

Financial Institution Name:			
Name of Account:			
BSB Number:		Account Number:	

Other Payment options. (Please indicate)

Cash	Bpay
Cheque	Centrepay
Debit Card/Credit Card (in person)	Direct Deposit

Selection of Payment Frequency (Please indicate)

1 Lump sum payment by 9 February 2024

32 Weekly payments of \$ _____ to commence on the ____/02/2024.

16 Fortnightly payments of \$ _____ to commence on the ____/02/2024.

8 Monthly payments to be paid on 15th day of each month from February 2024 to September 2024
For the amount of \$ _____

3 Equal Term instalments in Terms 1, 2 and 3 prior to the dates detailed in the schedule. \$ _____

OR

Regular ongoing weekly/fortnightly/monthly payments (please circle) \$ _____

The College reserves the right to vary the last regular payment under the plan if there is a balance outstanding of \$100 or less for minor charges that may have accrued during the year.

2. Variations to the proposed schedule:

Should you wish to vary your payment agreement amount or instalment dates please provide details below.

Do you have a current plan that you wish to continue? YES / NO

This does not automatically authorise a variation to the schedule. The Finance Office will be in contact to confirm a mutually acceptable Payment Plan agreement.

This agreement is for the 2024 School Year only and will be approved by Thomas More College if all areas are completed in line with Thomas More College policies and procedures.

Name of Enrolling Parent(s)/Guardian(s): _____

Signature of Enrolling Parent(s)/Guardian(s): _____

Signature of Credit Card or Bank Account Holder: _____ Date _____

Office Use Only: Date Received & Approved _____ Debtor ID _____ Entered _____ Variation Information: _____
