



FAMILY ID:

# PAYMENT AGREEMENT

FAMILY NAME: \_\_\_\_\_

STUDENT NAMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEAR LEVELS IN 2025: \_\_\_\_\_  
\_\_\_\_\_

Please complete this form to establish your preferred payment agreement.

All accounts subject to an approved payment agreement, are to be paid in full by

**8 August 2025.**

## PLEASE NOTE

This agreement is for the 2025 school year only and will be approved in line with Thomas More College policies and procedures.

## CONTACT

### THOMAS MORE COLLEGE

23 Amsterdam Crescent  
SALISBURY DOWNS SA 5108

8182 2600  
finance@tmc.catholic.edu.au

www.tmc.catholic.edu.au

## PAYMENT OPTIONS

### PAYMENT OPTION 1 | direct debit from credit card

CARD NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

**OR**

### PAYMENT OPTION 2 | direct debit from cheque/savings

FINANCIAL INSTITUTION: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

BSB: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

### OTHER PAYMENT OPTIONS | please circle method

BPAY    CASH    CHEQUE    DIRECT DEPOSIT  
CENTREPAY    DEBIT/CREDIT CARD (in person)



2025

# PAYMENT OPTIONS (CONTINUED)

## PAYMENT FREQUENCY | please tick preferred option

- 1 Lump Sum** Payment - due by 7 February 2025
  - 32 Weekly** Payments of \$\_\_\_\_\_ to commence on the \_\_\_\_/02/2025
  - 16 Fortnightly** Payments of \$\_\_\_\_\_ to commence on the \_\_\_\_/02/2025
  - 8 Monthly** Payments of \$\_\_\_\_\_ to be paid on the 15th day of each month from February 2025 to September 2025
  - 3 Equal Term Installments** in Term 1, 2 and 3 prior to the dates detailed in the schedule \$\_\_\_\_\_
- OR**
- Regular ongoing / weekly / fortnightly / monthly payments** \$\_\_\_\_\_ (please circle option)

*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 changes that may have accrued during the year.*

## PAYMENT VARIATIONS

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

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Do you have a current plan that you wish to continue? **YES / NO** (circle)

*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.*

## SIGNATORIES

NAMES OF ENROLLING PARENTS/GUARDIANS:

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SIGNATURES OF ENROLLING PARENTS/GUARDIANS:

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SIGNATURE OF CREDIT CARD / BANK ACCOUNT HOLDER:

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DATE OF AGREEMENT:

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### OFFICE USE ONLY

DATE RECEIVED & APPROVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_

FAMILY ID: \_\_\_\_\_

VARIATION INFORMATION: \_\_\_\_\_