



Siena Catholic Primary School

FEE PAYMENT PLAN

**PLEASE COMPLETE THIS FORM AND RETURN IT TO SCHOOL BY
WEDNESDAY, 31ST JANUARY, 2018**

FEE PAYER NAME: _____ STUDENT/S NAME: _____

Preferred method of payment of school fees **(please tick one)**

(Fee arrangements apply only to the year they are made, therefore it is necessary for a review annually)

ALL FEE ACCOUNTS NEED TO BE FINALISED BY 30TH NOVEMBER, 2018

NO EFTPOS FACILITIES AVAILABLE

Parents are required to set up a recurring transaction from their bank account to have funds transferred to Siena We do not direct debit your account (except for Credit Card payments)

TYPE OF PAYMENT (please tick)	Fortnightly Payments to commence by 1 st or 8 th of February	Monthly Payments to commence by 1 st or 8 th February	Quarterly Due within first 2 weeks of each Term	Annually Due by 28 th February
BPAY (preferred option)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card <i>Automatic Deduction will occur on 20th of each month</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash or Cheque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bank Account Details

	Biller Code: 211086 Reference: BPay Reference on your Fee Statement
EFT	Name: Siena Catholic Primary School BSB: 083004 Account Number: 739511730 Reference: EFT Reference on your Fee Statement
CREDIT CARD	Name on Card _____ Amount Paid \$ _____ Card Number: ____ / ____ / ____ / ____ Expiry Date ____ / ____ Signature: _____

Please nominate the email address below you wish your Fee Statement to be emailed to:

_____ @ _____ . _____ . _____

NAME: _____ RELATIONSHIP TO STUDENT/S: _____

SIGNED: _____ DATE: _____