

INSTALMENT PAYMENT APPLICATION FOR 2025 MATERIALS AND SERVICES CHARGES

Family Details

Name of Parent / Caregiver : Contact No :

Email :

Name of Student(s) :

.....

Payment Details

I / We apply to pay my / our student's 2025 Materials & Services Charges and any applicable Subject fees by instalments.

I / We nominate to vary the school instalment plan as outlined below as outlined below.

Frequency : Fortnightly Monthly Other

Date of First Payment : / / 2025 Date of Last Payment : / / 2025

First payment amount : \$ Subsequent payment amounts : \$

Please include any outstanding invoices from prior years : YES NO

Total Value of instalment plan : \$

Type of Payment : In Person BPOINT Direct Debit

(Note : Please complete the Bank SA Direct Debit request form and return with this document)

I / We understand that failure to make the required payments will result in any outstanding fees being forwarded to the Department for Education's collection agency.

Signature :

Dated : / /

SCHOOL AUTHORISATION (Official use only)

| STUDENT ID | MENTOR GROUP | AUTHORISATION NUMBER |
|------------|--------------|----------------------|
| MS: | | |
| MS: | | |
| MS: | | |
| MS: | | |



Glenunga International High School (353471)

Direct Debit Request (DDR)

You may contact us as follows:-

Phone: 08 83795629
Email: FT@gihs.sa.edu.au
Mail: 99 L'Estrange Street
Glenunga, SA, Australia 5064

All communication addressed to us should include your Customer Number.

PART A - Your Details

| | | | |
|------------------|---|-----------|----------------------|
| Customer Number: | <input type="text"/> (Official School Use Only) | | |
| Customer Name: | <input type="text"/> | | |
| Phone Number: | <input type="text"/> | | |
| Email Address: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| State: | <input type="text"/> | Postcode: | <input type="text"/> |

PART B - Schedule

| | | | | |
|------------------------|--|--------------------------------------|----------------------|------------------|
| Date of First Payment: | <input type="text"/> | <input type="text"/> | <input type="text"/> | e.g. 25 Nov 2014 |
| Frequency: | <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | | |
| | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Six-Monthly | | |
| | <input type="checkbox"/> Monthly | <input type="checkbox"/> Yearly | | |
| Number of Payments: | <input type="checkbox"/> Continue until further notice | | | |
| | OR | | | |
| | <input type="checkbox"/> Stop after | <input type="text"/> | Payments | |

PART C - Payment Amounts

| | | |
|-----------------|----------------------|---------------------------------------|
| First Amount: | <input type="text"/> | Leave blank if same as regular amount |
| Regular Amount: | <input type="text"/> | Payment Amount for each debit |
| Final Amount: | <input type="text"/> | Leave blank if same as regular amount |



PART D - Cheque/Savings Accountor Credit Card Authorisation

I/We request and authorise Glenunga International High School (353471) to arrange, through its own financial institution, a debit to your nominated account any amount Glenunga International High School (353471), has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Financial Institution:

Branch:

Account Name:

BSB No. -

Account Number:

I/We request and authorise Acknowledement. By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Glenunga International High School as set out in this Request and in your Direct Debit Request Service Agreement.

Signature: Date:

Signature: Date:

If debiting from a joint bank account, both signatures are required.

OR

I request you Glenunga International High School to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement.

Credit Card Number:

Expiry Date: /

Cardholder Name:

Signature: Date:

Completed Application

Return your completed application by mail to:-

Mail: 99 L'Estrange Street
Glenunga, SA, Australia 5064



Customer Direct Debit Request (DDR) Service Agreement

This is your Direct Debit Service Agreement with Glenunga International High School (353471) 45 894 647 814. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

How to Contact Us

Enquiries

You can contact us directly or alternatively contact your financial institution. These should be made at least 7 working days prior to the next scheduled drawing date. You may contact us as follows:-

| | |
|--------|--|
| Phone: | 08 83795629 |
| Email: | finance@gihs.sa.edu.au |
| Mail: | 99 L'Estrange Street Glenunga, SA, Australia 5064 |

All communication addressed to us should include your Customer Number.

Definitions

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

us or **we** means Glenunga International High School (353471) *you* have authorised by requesting a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the *account* is maintained.



Debiting your account

By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from your *account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

We will only arrange for funds to be debited from your *account* as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from your *account* if *we* have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

If the *debit day* falls on a day that is not a *banking day*, *we* may direct your *financial institution* to debit your *account* on the following *banking day*. If *you* are unsure about which day your *account* has or will be debited *you* should ask your *financial institution*.

Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least **fourteen (14) days** written notice.

Amendments by you

You may change, stop or defer a *debit payment*, or terminate this agreement by providing *us* with at least 7 days notification by writing to:

99 L'Estrange Street
Glenunga, SA, Australia 5064

or

by telephoning *us* on 08 83795629 during business hours;

or

arranging it through your *financial institution*, which is required to act promptly on your instructions.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your *account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

If there are insufficient clear funds in your account to meet a *debit payment*:

- *you* may be charged a fee and/or interest by your *financial institution*;
- *you* may also incur fees or charges imposed or incurred by *us*; and
- *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in your *account* by an agreed time so that *we* can process the *debit payment*.

You should check your *account* statement to verify that the amounts debited from your *account* are correct.



Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 08 83795629 and confirm that notice in writing with *us* as soon as possible so that we can resolve your query more quickly. Alternatively *you* can take it up directly with *your financial institution*.

If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify *you* in writing of the amount by which *your account* has been adjusted.

If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

Accounts

You should check:

- with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- *your account* details which *you* have provided to *us* are correct by checking them against a recent account statement; and
- with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

Confidentiality

We will keep any information (including *your account* details) in your *Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about *you*:

- to the extent specifically required by law; or
- for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to

Glenunga International High School
99 L'Estrange Street
Glenunga, SA, Australia 5064

We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the third *banking day* after posting.