

INSTALMENT PAYMENT APPLICATION FORM 2026 MATERIALS AND SERVICES CHARGE

FAMILY DETAILS

Name of Parent / Caregiver: _____ Phone Number: _____

Email: _____

Name of Student: _____

PAYMENT DETAILS

I / we apply to pay the above student's 2026 Materials & Services Charge and nominate the instalment plan to be paid as outlined below.

I / we would like to include any applicable Semester 1 & Semester 2 subject fees in this instalment plan. This plan will be adjusted once subject fees have been invoiced and a confirmation of the change emailed to families. Please note if this option is NOT selected then subject fees will NOT be paid using this instalment plan.

Frequency: Fortnightly Monthly Other

Date of first payment: _____ / _____ / 2026 Date of last payment: _____ / _____ / 2026

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

Include any outstanding invoices from prior years: YES NO

Total value of instalment plan: \$ _____

Type of payment: In Person BPoint Direct Debit*

***Direct debit payments:** please complete PART A – PART D on the St George Direct Debit Request form below.

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: _____ Date: _____

SCHOOL AUTHORISATION (OFFICIAL USE ONLY)

STUDENT ID	MENTOR GROUP	AUTHORISATION NUMBER	CONFIRMATION EMAIL SENT
MS			
NOTES:			

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" value="(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" value="DD"/>	<input type="text" value="MMM"/>	<input type="text" value="YYYY"/>	e.g. 06 Jan 2026
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" value="\$"/>	Leave blank if same as regular amount
Regular Amount:	<input type="text" value="\$"/>	Payment Amount for each debit
Final Amount:	<input type="text" value="\$"/>	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:

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 (the Debit User). 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.

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 written, verbal or online request between *us* and *you* to debit funds from *your account*.

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

you means the customer who has authorised the *Direct Debit Request*.

your financial institution means the financial institution at which *you* hold the *account* *you* have authorised *us* to debit.

Debiting your account

By submitting a *Direct Debit Request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. The *Direct Debit Request* and this *agreement* set out 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 email / 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 **thirty (30)** days written notice sent to the preferred email or address you have given us in the *Direct Debit Request*.

How to cancel or change direct debits

You can:

- (a) cancel or suspend the *Direct Debit Request*, or
- (b) change, stop or defer an individual *debit payment*

at any time by giving at least 7 days notice.

To do so, contact us at:

99 L'Estrange Street
Glenunga, SA, Australia 5064

or

by telephoning us on 08 83795629 during business hours;

You can also contact your own financial institution, which must 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*:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) we may charge you reasonable costs incurred by us on account of there being insufficient funds; and
- (c) 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 contact *your financial institution* for assistance.

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:

- (a) 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.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) 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).

Contacting each other

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

Email: ft@gihs.sa.edu.au

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

You may telephone *us* on 08 83795629 during business hours.

All communication addressed to *us* should include *your* Customer Number.

We will notify *you* by sending a notice to the preferred address or email *you* have given *us* in the *Direct Debit Request*. Any notice will be deemed to have been received on the second *banking day* after sending.