



School Fee Payment Agreement

PARENT/ CARER / GUARDIAN DETAILS

Names:		Debtor ID:
Address:		<i>(As shown on statement)</i>
Health Care Card Number	(if applicable)	

STUDENT NAME

Name:		Year Level in 2026	
Name:		Year Level in 2026	
Name:		Year Level in 2026	
Do you have a child attending another CRC Campus in 2026?		YES	NO
If YES	Name:	Year level in 2026	

PAYMENT INSTALMENTS – please select one option on the left and the preferred day/date on the right

Annually	Due by 31 March 2026 to receive a discount of \$250 per student		
Quarterly	4 instalments due in February, May, August and November on the	<input type="checkbox"/> 1st or <input type="checkbox"/> 15th	
Monthly	10 instalments due each month starting in February on the	<input type="checkbox"/> 1st or <input type="checkbox"/> 15th	
Fortnightly	22 instalments starting in Feb in the	<input type="checkbox"/> 1st week or <input type="checkbox"/> 2nd week on <input type="checkbox"/> Thursday or <input type="checkbox"/> Friday	
Weekly	44 instalments starting in the 1st week of February on	<input type="checkbox"/> Thursday or <input type="checkbox"/> Friday	

All payment plans will start in February and complete by the end of November each year.

Please tick this box if you wish to continue the payment plan through December and January.

PAYMENT METHODS – please select one option on the left and complete the details on the right

Direct Debit (savings account)	I/We hereby authorise CRC Caroline Springs to debit my/our bank account as per the selected payment options above.		
	Account Name:		
	BSB Number:	Account Number:	
Direct Debit (credit card)	I hereby authorise CRC Caroline Springs to debit my credit card as per the selected payment options above.		
	Name on Card:		
	Card Number:		
	Expiry Date:	/	CCV Number:
BPAY	Biller code: 470963 Reference number: As shown on your statement.		
CentrePAY	Please contact the Finance Team via email accounts@crccs.vic.edu.au		
Cash / EFTPOS	Available at the College Reception from 8 am to 4 pm		

Declaration

- I/We accept responsibility for ensuring sufficient funds are available in our nominated bank account to cover these payments when they are due.
- I/We understand that if there are insufficient funds to cover a payment and bank fees are incurred, we will be responsible for paying those charges.
- I/We acknowledge that we are severally liable for the annual fees and charges. I/We understand that this Payment Plan remains effective for the entire duration of the student(s)' enrolment at Catholic Regional College Caroline Springs.
- I/We acknowledge that instalment amounts will be adjusted at the start of each year to reflect any increases in fees and levies.

Parent Name:	Parent Name:
Signature:	Signature:
Date:	Date: