St Joseph's Memorial School



2023 School Fee Payment Plan									
CONFIDENTIAL									
Family name	ly name: Family/Billing ID:								
Student nam	e/s:								
Please indicate below your preferred option of payment									
I/We(Parent/Guardian name) acknowledge by the signature/s below that as the enrolling parents/guardians, we/I are jointly and individually responsible for payment of all fees and charges. I/We agree to pay the School Fees:									
[]	in full at the start of the year								
[ ] in four equal instalments due each Term									
[]	set up my BPay or pay by QKR, amount \$	weekly	[	]					
		fortnightly	[	]					
		monthly	[	]					
[]	set up a direct debit – weekly, fortnightly or monthly:								

Details for direct debit:							
Please take	\$		BSB				
How often			Account No				
Start date			Account Name				
End date		OR	Ongoing	Yes/No			
Date://							
Signature:			Signature:				
	(parent/guardian 1) rsar at any time if circumstances chan	ge and you wou	ld like to alter your payment plan	(parent/guardian 2)			