



THE KING'S SCHOOL DIRECT DEBIT REQUEST FORM

Please refer to the Direct Debit Request Service Agreement available on The King's School website. The personal information collected in this form is necessary to enable the School to put in place your requested fee payment method. This personal information will not be used by the School for any other purpose.

Request and Authority to Debit

I/We Given Name(s) _____
Surname _____
Student Name(s) _____

OFFICIAL USE ONLY

Family Number _____
Student Number(s) _____

Account to be Debited

Name on Account _____

BSB Number - Account Number

Note: Must be an Australian financial institution for overseas families

Credit Card Details

Visa MasterCard Amex
Card Number - - - Expiry Date ____ / ____
Cardholder's Name _____

Note: A 1% surcharge applies to all credit card payments. For all credit card changes please complete a new Direct Debit Request Form available on The King's School website and return to the Bursar's Office or email to accounts@kings.edu.au

Payment Terms

Please indicate in the appropriate box, the basis on which you wish to pay School fees by Direct Debit.

- Four Termly Payments: On the first day of each of the four terms for one term's fees plus disbursements.
- Ten Instalments: On the first day of each month commencing 1 February through to 1 November being ten equal instalments plus disbursements.
- Two Semester Payments: On the first day of terms one and three plus disbursements. For overseas student families only (credit card or Australian bank account only).

For all of the above options a final disbursement deduction for the current year will occur on 15 December.

- Voluntary tax deductible donation of \$175 per term. A tax receipt will be issued by The King's School Foundation Building Fund.

Acknowledgment

By signing this Direct Debit Request Form, you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and The Council of The King's School as set out in this request and in the Direct Debit Request Service Agreement.

Signed _____

Date ____ / ____ / ____

Enquiries:
Bursar's Office
The King's School
A PO Box 1 Parramatta NSW 2124
T +612 9683 8555

Post or email to:
accounts@kings.edu.au