



REVISION OF FINANCIAL OBLIGATIONS FORM

This form is to be used when account holder financial arrangements change.

Financial Agreement

By choosing and accepting **one** of the financial arrangement options below, the account holders:

- agree that this arrangement is to be in place from ____ / ___ / ___ and will apply to the fees, levies and charges incurred from this date until the conclusion of his/her enrolment at the school/college or until a new financial arrangement is made in writing
- undertake to pay school fees, levies and charges by the due date and understand that it is the responsibility of each account holder to approach the school to discuss payment options should difficulties arise meeting this obligation
- understand that as an account Holder, additional details or changes to details such as addresses and contact numbers, are to be provided via the Additional Contact Person contact form
- understand that as a new Account Holder, the BCE Information Collection Notice must be signed.

Financial Arrangement Options (Please select one of the following three options)

Option 1: JOINT AND SEVERAL FINANCIAL RESPONSIBILITY (Both parties, each of whom are nominated as Account Holders, are jointly and severally responsible) Where two parties, e.g. a mother and father, assume joint financial responsibility for 100% of the account		% of Fees, Levies and Charges
Account Holder 1 Full Name:		
Acceptance:	Account Holder 1 Signature	
Date Signed:	<u>D</u> D / <u>M</u> M / Y Y Y Y	100%
Account Holder 2 Full Name:		
Acceptance:	Account Holder 2 Signature	
Date Signed:		

Option 2: SOLE FINANCIAL RESPONSIBILITY (100% responsibility is allocated to one person who is nominated as the Account Holder). Where only one party, e.g. a mother <u>or</u> a father, assumes financial responsibility for 100% of the account		% of Fees, Levies and Charges
Account Holder Full Name:		
Acceptance:	Account Holder Signature	100%
Date Signed:		





(Split financial responsibility is alloc	CIAL RESPONSIBILITY ated to each party. Individual statements are sent to each Account financially responsible for a portion of the account, e.g. mother - 50% er - 10%.	% of Fees, Levies and Charges
Account Holder 1 Full Name:		
Acceptance:	Account Holder 1 Signature	%
Date Signed:		
Account Holder 2 Full Name:		
Acceptance:	Account Holder 2 Signature	%
Date Signed:		
Account Holder 3 Full Name:		
Acceptance:	Account Holder 3 Signature	%
Date Signed:	<u>D</u> <u>D</u> / <u>M</u> <u>M</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>	
Account Holder 4 Full Name:		
Acceptance:	Account Holder 4 Signature	%
Date Signed:		
	Total (must equal 100%)	100 %

Any changes to existing Account Holder contact details and/or new Account Holder contact details are to be provided on the **Additional Contact Person form**.

New Account Holders should also sign the **BCE Information Collection Notice**