

AQUINAS COLLEGE

PAYMENT ARRANGEMENT ADVICE 2024 – BPAY



Edmund Rice Drive Ashmore Qld 4215
PO Box 34 Ashmore City Qld 4214
Email: accounts@aquinas.qld.edu.au
Phone: 07 5510 2888

I/We (Name of Customer/s) _____

have read the Fee Policy on the Aquinas College website (www.aquinas.qld.edu.au) and commit to the repayment schedule as outlined below and will ensure that the fee account will be paid in full prior to the last day of Term 4: **6 December 2024**

Action (Please tick): New Request Alteration Cancellation

Student/s Name/s: _____ **Year Level:** _____

Repayment Schedule: Weekly Fortnightly Monthly Once Off

BPay Biller Code: 484 147 **BPay Reference** (Found on Statement): _____

Amount of: _____ **Payment Start Date** (dd/mm/yyyy): _____

Number of Installments per year: _____ UNTIL FURTHER NOTICE OR **Finish date:** _____

I/We agree to review my/our quarterly invoices for accuracy and extra charges that may appear, which have not been calculated on this form. Any discrepancies will be manually paid either electronically or at the Finance Office by the invoice due date.

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____

Date: _____

OFFICE USE ONLY: Date Received: _____ Account #: _____

Loaded | Classification Altered | Notes Entered | Balance Check