



### SCHOOL FEES PAYMENT PLAN

**Finance Department: [accounts@dharmaschool.com.au](mailto:accounts@dharmaschool.com.au)**

In accordance with the Daylesford Dharma School Enrolment Policy, this School Fee Agreement is reached between the Daylesford Dharma School and the Parents/Carers of:

Student Details:	
Student's Name:	.....
Student's Address:	.....
Student's Year Level 2023:	.....

I/We agree to pay Daylesford Dharma School fees for 2023 as detailed below:

Prior Year Outstanding School Fees	\$	.....
Term 1 Fees	\$	.....
Term 2 Fees	\$	.....
Term 3 Fees	\$	.....
Term 4 Fees	\$	.....
Other School Activity Fees	\$	.....
<b>Total Payable</b>	<b>\$</b>	.....

Payment Options	
Payment will be made (please tick one):	
<input type="checkbox"/> Weekly	<input type="checkbox"/> One-off Payment
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 4 Instalments
<input type="checkbox"/> Monthly	
Payment(s) over the period as stated below. <i>*Please note fees apply</i>	
First payment due on:	..... / 2023
	(insert number of payments) of: \$
	.....
Last payment due on:	..... / 2023
	.....
<b>Please note:</b> Accounts are due to be <u>finalised no later than 30 November 2023</u> unless prior and mutually acceptable payment arrangements have been made with the Finance Department. This arrangement is for the 2023 school year unless otherwise indicated.	

**Payment Methods**

Payment methods available (tick appropriate box and complete details):

**IN PERSON VIA CASH / CREDIT CARD (OR OVER THE PHONE)**

**Credit Card AUTOMATIC Deductions (we only accept Visa Card and MasterCard).**

Card Number:

Expiry Date:   /

Name on Card: \_\_\_\_\_

Fee of 1.9% will apply

**EFT to Daylesford Dharma School. Please ensure you use your child's 'SURNAME' as the reference on your transfer. Alternatively, you could setup a recurrent online bank transfer as per your nominated payment frequency.**

Bank Details: BANK NAME: Bendigo Bank  
BSB: 633 000  
ACCOUNT NUMBER: 135 332 278  
ACCOUNT NAME: Daylesford Dharma School

**Agreement:**

I/We understand that payment of my/our account is my/our responsibility. **If I/We do not commence payment of the account as per agreement – (see payment options) or organise a mutually acceptable payment arrangement with the School within 7 days of a defaulted payment, I/We understand that the full year's school fees (and any previous year's outstanding school fees) become due and payable immediately.** Should my/our account be placed in the hands of debt recovery consultants, then I/We agree to pay all expenses relating to the recovery of my/our account, and that any default debt may be reported to a credit reporting agency.

Parent/Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

Date Received and Initials: \_\_\_\_\_