New Family Fee Payment Form 2013

IMPORTANT NOTE: School fees are payable until a family notifies in writing that they have been withdrawn.

Family Information
Customer Code (if available) : Family Surname:
Father’s Christian Name: Mother’s Christian Name:

Full Postal Address
PO Box and/or Street:
Town: State: Postcode:
Telephone Home: Work: Mobile:
Fax: E-mail:

New Customer Fees
Start-Up Family Fee (once only fee) $ 220.00
Diagnostic Tests $50 x per student (number of students x $50) $______
Freight $ 10.00
Sub Total: $______

New Customer Fees to be paid in full
☐ Please find enclosed my cheque/money order for $___________ payable to Christian Education Ministries Ltd.
☐ Please debit my Visa/Mastercard/Debit Card with $_____________. (Complete Card details below)

Annual Student Membership

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>First child</td>
<td>$395.00</td>
<td>$660.00</td>
</tr>
<tr>
<td>Second child</td>
<td>$605.00</td>
<td>$1070.00</td>
</tr>
<tr>
<td>Third child</td>
<td>$815.00</td>
<td>$1385.00</td>
</tr>
<tr>
<td>Fourth child</td>
<td>$1025.00</td>
<td>$1700.00</td>
</tr>
<tr>
<td>Fifth or more (5th child + attending in the same year are free)</td>
<td>Total: $<strong><strong><strong>, $</strong></strong></strong></td>
<td></td>
</tr>
</tbody>
</table>

Pro-Rata Start Date

<table>
<thead>
<tr>
<th></th>
<th>Mid year enrolments are Pro-Rata. Please contact Accounts Department for exact amounts.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$______ / __________ / _______</td>
</tr>
</tbody>
</table>

Full Year Fees

Mid year enrolments are Pro-Rata. Please contact Accounts Department for exact amounts.

Payment Plans - Please tick your choice of payment method.

Option 1 ☐ Full Payment for 2013 by 31st December 2012 will receive an Early payment discount of $50
☐ Please find enclosed my cheque for $___________ payable to Christian Education Ministries Ltd.
☐ Please debit my Visa/Mastercard with $_____________. (Complete Card details below)
☐ Please debit my Bank Account with $_____________. (Complete Direct Debit Request on p.2)

Option 2 ☐ 10 Monthly Instalments
☐ Please debit my Visa/Mastercard with $_______ in ___ Equal Payments. (Complete Card details below)
☐ Please debit my Bank Account with $_______ in ___ Equal Payments. (Complete Direct Debit Request on p.2)
(Please note that we will debit your Card/Bank Account on approximately the 15th of the month commencing 15th February 2013)

Complete Visa/Mastercard Details for Option 1 or Option 2.

Card Type ☐ Mastercard ☐ Visa Card Number __________ __________ __________ __________ __________
Card Expiry Date _____ / _____ Name on Card (please print) __________________________________________________________________________
Card Holder Signature __________________________________________________________________________ Date: _____ / _____ / _____

Please return this form with the appropriate payment to
ACHS, PO Box 3101 CABOOLTURE BC QLD 4510
Fee Payment Request Form 2013 (Continued)

Direct Debit Request

I / we request and authorise Christian Education Ministries Ltd (CEM Ltd) [Debit User ID 415163] to arrange, through its own financial institution, a debit to our nominated account any amount CEM Ltd deems payable for school fees. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from our account held at the financial institution we have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Financial institution name
Address _____________________________________________
Name/s on account _______________________________________
BSB number (Must be 6 Digits) |___|___|___|___|___|___|___|___|___|
Account number _________________________________________

By signing and/or providing CEM Ltd with a valid instruction in respect to our Direct Debit Request, we understand and agree to the terms and conditions governing the debit arrangements between us and Christian Education Ministries Ltd as set out in this Request and in the Direct Debit Request Service Agreement.

Direct Debit Request Service Agreement

DEFINITIONS
account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.
debit day means the day that payment by you to us is due.
debit payment means a particular transaction where a debit is made.
direct debit request means the Direct Debit Request between us and you.
you means the customer who signed the direct debit request.
your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting Your Account
1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.
1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.
1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day.
1.4 If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes By Us
2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days’ written notice.

3. Changes By You
3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on Accounts Receivable Ph: 07 3381 5744.
3.2 If you wish to stop or defer a debit payment you must notify us in writing at least thirty (30) days before the next debit day. This notice should be given to us in the first instance.
3.3 You may also cancel your authority for us to debit your account at any time by giving us thirty (30) days notice in writing before the next debit day. This notice should be given to us in the first instance.

4. Your Obligations
4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
4.2 If there are insufficient clear funds in your account to meet a debit payment:
   (a) you may be charged a fee and/or interest by your financial institution;
   (b) you may also incur fees or charges imposed or incurred by us; and
   (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
4.3 You should check your account statement to verify that the amounts debited from your account are correct
4.4 If CEM Ltd is liable to pay goods and services tax (“GST”) on a supply made in connection with this agreement, then you agree to pay CEM Ltd on demand an amount equal to the supply multiplied by the prevailing GST rate.

5. Dispute
5.1 If you believe that there has been an error in debiting your account, you should notify us directly on Accounts Receivable Ph: 07 3381 5744 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly.
5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.
5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts
You should check:
   (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
   (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
   (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

7. Confidentiality
7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
7.2 We will only disclose information that we have about you:
   (a) to the extent specifically required by law;
   (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice
8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to Accounts Receivable - per address below.
8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.
8.3 Any notice will be deemed to have been received two business days after it is posted.

APPROVAL

Please sign below and return this form (pages 1 & 2) to:

ACHS, PO Box 3101, Caboolture Qld 4510

I, Parent/Carer, agree to the above payment method.

Print Name: ______________________________ Signature: _______________________________ Date: ___/___/___

* please keep a copy for your records

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