Payment Plan Agreement Form

AICS/IMS/STD/F/PPAF.00

At AICS, the contribution of fees by parent(s) and/or caregiver(s) is essential to the colleges' ability to provide resources to educational program. All fees must be paid in full before the commencement of the respective term.

AICS offers payment plans to families who opt to pay school fees by instalments. A payment plan agreement form must be completed by the Fee Payer. ***If you wish to enter into a payment plan agreement with the school, please fill and return this form to the school administration office.***

Applicant Details

The Applicant must be the person responsible for the payment School fees (*fee payer*).

Applicants Name (fee payer):_____ Contact Number: _____

Address: _____

Student(s) Details

Student's Name	Class & Section

Payment Options:

I would like to pay by instalments, as per the payment schedule provided by the school on (please select from the following options):

- □ Weekly
- □ Fortnightly
- □ Monthly basis

Payment Method:

I will be making payments using the following method:

- □ Please setup a direct debit from my account, Direct Debit form attached.
- □ Please setup a direct debit from my credit card, Direct Debit form attached.

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Declaration

- ✓ I have filled, signed, and attached the Direct Debit Request form and agreement.
- ✓ I declare that to the best of my knowledge the information supplied in all parts of this application is correct and complete.
- ✓ I understand that my payment plan will be as agreed with the school.
- ✓ I understand that it is my obligation to have sufficient clear amount in my nominated account/credit card.
- ✓ I understand that I need to provide a minimum 14 days' notice to the School for the cancellation of the payment plan.
- ✓ I understand that any processed payment cannot be cancelled.
- ✓ I understand that I am required to pay all outstanding dues levied by the School, in full at the time of cancellation of payment plan.
- ✓ **I understand that I will be charged $25 per unsuccessful transaction.**

Applicants' Signature:_____Date: _____

Student Administration Office Use Only

Application Received by: _____ Date: _____

Contact ID: _____ Total Fees: _____

Payment Schedule developed? _____ Fee payer informed by:_____

Actioned by: _____ Date: _____

Admin Manager Signature: _____ Date: _____

Comments: _____

File uploaded on Box by: _____ Date: _____