

# DIRECT DEBIT AGREEMENT

## AUTOMATED PAYMENT AUTHORITY SERVICE AGREEMENT

**Payments for CGS Care are to be made via direct debit only.** Your account will be debited for the full invoiced amount on the direct debit date as indicated on the Billing and Direct Debit Schedule on page 2.

(Please note CGS Care billing relies on the receipt of Government reports and this can cause delays to the scheduled dates on occasion.)

This agreement will be in addition to any new or existing direct debit agreement for tuition fee accounts with Canberra Grammar School.

### **This agreement covers all students using the following services:**

- Early Learning Centre (Pre-School and Pre-Kindergarten)
- Pre-Kindergarten Northside; and
- Out of Hours School Care Programme (Before School Care, After School Care and Holiday Care).

### **Canberra Grammar School agrees to:**

- Treat information contained within this agreement as confidential, unless required by law to disclose it to a third party; and
- Debit the nominated account with the amount due.

### **The Payer agrees to:**

- Confirm with their financial institution that the nominated account accepts direct debits
- Have sufficient funds available
- Pay any amounts declined under this agreement (including rejection fees)
- Advise CGS Care if the nominated account is transferred, closed or the account details (including expiry date) change
- Contact CGS Care if they believe that a direct debit transaction has been initiated incorrectly; and
- If you require further information, please email [fees@cgs.act.edu.au](mailto:fees@cgs.act.edu.au)

# BILLING & DIRECT DEBIT SCHEDULE 2024

Payments for the full invoiced amount will be deducted from your nominated bank account or credit card as outlined below. Please ensure funds are available.

**Billing Period:** Indicates the days included in the fortnightly billing period.

CGS CARE BILLING PERIOD		2024	
FROM	TO	INVOICE DATE	DIRECT DEBIT DATE
11-Dec-23	24-Dec-23	3-Jan-24	5-Jan-24
25-Dec-23	7-Jan-24	15-Jan-24	17-Jan-24
8-Jan-24	21-Jan-24	29-Jan-24	31-Jan-24
22-Jan-24	4-Feb-24	12-Feb-24	14-Feb-24
5-Feb-24	18-Feb-24	26-Feb-24	28-Feb-24
19-Feb-24	3-Mar-24	12-Mar-24	14-Mar-24
4-Mar-24	17-Mar-24	25-Mar-24	27-Mar-24
18-Mar-24	31-Mar-24	8-Apr-24	10-Apr-24
1-Apr-24	14-Apr-24	22-Apr-24	24-Apr-24
15-Apr-24	28-Apr-24	6-May-24	8-May-24
29-Apr-24	12-May-24	20-May-24	22-May-24
13-May-24	26-May-24	3-Jun-24	5-Jun-24
27-May-24	9-Jun-24	17-Jun-24	19-Jun-24
10-Jun-24	23-Jun-24	1-Jul-24	3-Jul-24
24-Jun-24	7-Jul-24	15-Jul-24	17-Jul-24
8-Jul-24	21-Jul-24	29-Jul-24	31-Jul-24
22-Jul-24	4-Aug-24	12-Aug-24	14-Aug-24
5-Aug-24	18-Aug-24	26-Aug-24	28-Aug-24
19-Aug-24	1-Sep-24	9-Sep-24	11-Sep-24
2-Sep-24	15-Sep-24	23-Sep-24	25-Sep-24
16-Sep-24	29-Sep-24	8-Oct-24	10-Oct-24
30-Sep-24	13-Oct-24	21-Oct-24	23-Oct-24
14-Oct-24	27-Oct-24	4-Nov-24	6-Nov-24
28-Oct-24	10-Nov-24	18-Nov-24	20-Nov-24
11-Nov-24	24-Nov-24	2-Dec-24	4-Dec-24
25-Nov-24	8-Dec-24	16-Dec-24	18-Dec-24

**Invoice Date:** The date invoices are emailed to families.

**Direct Debit Date:** The date when the direct debit payment for the full invoiced amount will be processed. Direct Debit amounts will vary depending on the services that are used in each billing period.

**Please Note:** Green highlights indicate school holiday periods.



# DIRECT DEBIT AGREEMENT

Parent/Guardian Name:

CGS Care Account Reference ID:

## AUTHORISATION

I/we hereby authorise Canberra Grammar School to process a transaction to automatically debit the nominated bank or credit card account for the full amount owing on the due date as per the Billing and Direct Debit Schedule and in accordance with the Automated Payment Authority and Service Agreement.

### BANK ACCOUNT

Bank:

Account Name:

BSB Number

Account Number

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Signature:

Date:

Signature:

Date:

### CREDIT CARD

VISA

MASTERCARD

AMEX

Credit Card Number

Expiry (MM/YY)

CSV

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Name on Card:

Signature:

Date:

**Credit card fees apply:** Mastercard and Visa 0.755% plus GST, American Express 1.95% plus GST.

Should we need to contact you regarding this agreement, please confirm your contact details:

Phone (BH):

Phone (AH):

Email:

## PLEASE RETURN COMPLETED AGREEMENT TO:

**Email:** fees@cgs.act.edu.au

**Mail:** Finance Officer  
40 Monaro Crescent Red Hill ACT 2603