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

BILLING & DIRECT DEBIT SCHEDULE 2025

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			
FROM	ТО	BILLED DATE	DIRECT DEBIT DATE
9 Dec 24	22 Dec 24	6 Jan 2025	8 Jan 2025
23 Dec 24	5 Jan 2025	13 Jan 2025	15 Jan 2025
6 Jan 2025	19 Jan 2025	28 Jan 2025	30 Jan 2025
20 Jan 2025	2 Feb 2025	10 Feb 2025	12 Feb 2025
3 Feb 2025	16 Feb 2025	24 Feb 2025	26 Feb 2025
17 Feb 2025	2 Mar 2025	11 Mar 2025	13 Mar 2025
3 Mar 2025	16 Mar 2025	24 Mar 2025	26 Mar 2025
17 Mar 2025	30 Mar 2025	7 Apr 2025	9 Apr 2025
31 Mar 2025	13 Apr 2025	22 Apr 2025	24 Apr 2025
14 Apr 2025	27 Apr 2025	5 May 2025	7 May 2025
28 Apr 2025	11 May 2025	19 May 2025	21 May 2025
12 May 2025	2025 May 2025	3 Jun 2025	5 Jun 2025
26 May 2025	8 Jun 2025	16 Jun 2025	18 Jun 2025
9 Jun 2025	22 Jun 2025	30 Jun 2025	2 Jul 2025
23 Jun 2025	6 Jul 2025	14 Jul 2025	16 Jul 2025
7 Jul 2025	20 Jul 2025	28 Jul 2025	30 Jul 2025
21 Jul 2025	3 Aug 2025	11 Aug 2025	13 Aug 2025
4 Aug 2025	17 Aug 2025	2025 Aug 2025	27 Aug 2025
18 Aug 2025	31 Aug 2025	8 Sep 2025	10 Sep 2025
1 Sep 2025	14 Sep 2025	22 Sep 2025	24 Sep 2025
15 Sep 2025	28 Sep 2025	7 Oct 2025	9 Oct 2025
29 Sep 2025	12 Oct 2025	20 Oct 2025	22 Oct 2025
13 Oct 2025	26 Oct 2025	3 Nov 2025	5 Nov 2025
27 Oct 2025	9 Nov 2025	17 Nov 2025	19 Nov 2025
10 Nov 2025	23 Nov 2025	1 Dec 2025	3 Dec 2025
24 Nov 2025	7 Dec 2025	15 Dec 2025	17 Dec 2025

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 tra or credit card account for the full amount owing on the due date a accordance with the Automated Payment Authority and Service Ag	s per the Billing and Direct Debit Schedule and in			
□ BANK ACCOUNT				
Bank: Account Name:				
BSB Number Account Number				
Signature:	Date:			
Signature:	Date:			
CREDIT CARD VISA MASTERCARD AMEX Credit Card Number Expiry (MM/YY) CSV				
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:				

Mail: Finance Officer

40 Monaro Crescent Red Hill ACT 2603

CRICOS Provider No 00580G

Emai: fees@cgs.act.edu.au