

# 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 2026

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	TO	BILLED DATE	DIRECT DEBIT DATE
8 Dec 2025	21 Dec 2025	12 Jan 2026	14 Jan 2026
22 Dec 2025	4 Jan 2026	12 Jan 2026	14 Jan 2026
5 Jan 2026	18 Jan 2026	27 Jan 2026	29 Jan 2026
19 Jan 2026	1 Feb 2026	9 Feb 2026	11 Feb 2026
2 Feb 2026	15 Feb 2026	23 Feb 2026	25 Feb 2026
16 Feb 2026	1 Mar 2026	10 Mar 2026	12 Mar 2026
2 Mar 2026	15 Mar 2026	23 Mar 2026	25 Mar 2026
16 Mar 2026	29 Mar 2026	7 Apr 2026	9 Apr 2026
30 Mar 2026	12 Apr 2026	20 Apr 2026	22 Apr 2026
13 Apr 2026	26 Apr 2026	4 May 2026	6 May 2026
27 Apr 2026	10 May 2026	18 May 2026	20 May 2026
11 May 2026	24 May 2026	2 Jun 2026	4 Jun 2026
25 May 2026	7 Jun 2026	15 Jun 2026	17 Jun 2026
8 Jun 2026	21 Jun 2026	29 Jun 2026	1 Jul 2026
22 Jun 2026	5 Jul 2026	13 Jul 2026	15 Jul 2026
6 Jul 2026	19 Jul 2026	27 Jul 2026	29 Jul 2026
20 Jul 2026	2 Aug 2026	10 Aug 2026	12 Aug 2026
3 Aug 2026	16 Aug 2026	24 Aug 2026	26 Aug 2026
17 Aug 2026	30 Aug 2026	7 Sep 2026	9 Sep 2026
31 Aug 2026	13 Sep 2026	21 Sep 2026	23 Sep 2026
14 Sep 2026	27 Sep 2026	6 Oct 2026	8 Oct 2026
28 Sep 2026	11 Oct 2026	19 Oct 2026	21 Oct 2026
12 Oct 2026	25 Oct 2026	2 Nov 2026	4 Nov 2026
26 Oct 2026	8 Nov 2026	16 Nov 2026	18 Nov 2026
9 Nov 2026	22 Nov 2026	30 Nov 2026	2 Dec 2026
23 Nov 2026	6 Dec 2026	14 Dec 2026	16 Dec 2026

**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