



**BLACKFRIARS**  
PRIORY SCHOOL

# Out of School Hours Care Fees Payment Agreement 2020

PARENT FULL NAME: \_\_\_\_\_

OSHC ACCOUNT HOLDER NAME: \_\_\_\_\_

STUDENT NAME(S): \_\_\_\_\_

Please select one of the following payment options:

Option 1 - Weekly instalments

Option 2 - Fortnightly instalments

Please select one of the following payment methods:

Direct Debit

Financial Institution: \_\_\_\_\_ Account Name/s: \_\_\_\_\_

Account Number: \_\_\_\_\_ BSB Number: \_\_\_\_\_

1st Instalment to be made on: \_\_\_\_\_

**The amount deducted will be the Weekly/Fortnightly balance owing on the account.**

Credit Card

Card Number

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Cardholder's Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The amount deducted will be the Weekly/Fortnightly balance owing on the account.**

I/we agree to the payment option and payment method selected above. We acknowledge that OSHC invoices are issued weekly with payment required seven days following receipt of the invoice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you require assistance in completing this form, please contact the Finance Office on 8169 3913 or via email at [finance@bps.sa.edu.au](mailto:finance@bps.sa.edu.au)