



FEES AND CHARGES Payment Agreement Form

Policies and Procedures
Forms

This payment agreement must be completed and returned on or before enrolment to

The Apprentice and Traineeship Company,
9 Craigie Street, Bunbury - Phone: 9725 7911, Fax: 9726 2107
PO Box 411, Bunbury 6231

Payment Agreement 2017

Program/Course _____

Name _____

Address _____

Telephone Home _____

Work _____

Mobile _____

Full payment upon enrolment by **credit card** (2% surcharge-enter Credit card details below), **cheque** or **money order** payable to Group Training South West, or **cash** (exact money would be appreciated – there are limited facilities available to give change)

Direct Deposit/s to The Apprentice and Traineeship Company – use your first Initial, then Surname as the subject of the deposit /transfer (e.g. TSmith)

Account name: GTSW

BSB: 066507 **Account:** 10034445

\$ _____ full amount

\$ _____ per week commencing _____

\$ _____ per fortnight commencing _____

Direct Debit – authorisation and information forms attached

\$ _____ full amount

\$ _____ per week commencing _____

\$ _____ per fortnight commencing _____

**DIRECT DEBITS WILL BE PROCESSED ON
FRIDAYS ONLY Weekly & fortnightly
amounts will be over 8 weeks for
Concession holders and 12 weeks for full
fee paying students**

Employer paying as per declaration below

Company Name _____

Address _____

Contact Name: _____

Email: _____

Phone: _____

Employer Declaration (if applicable):

I _____ agree to pay the fees for _____
(employer's full name) (trainee/apprentice's name)

Employer's signature _____ Date: _____

****I agree to pay my fees via the method indicated above: Signature: _____ Date: _____**

Credit Card Details NOTE: These payments will incur a 2% surcharge

I wish to pay \$ _____ via: Visa Bankcard Mastercard

Card Number: _____ CCV: _____

Cardholder Name: _____ Expiry Date: _____

Cardholder's Signature: _____ Date: _____



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Direct Debit System

The Direct Debit System is an automatic deduction for our student or potential employer.

With your authority, the amount nominated will be deducted weekly/fortnightly (as per Payment Agreement) from your bank, credit union or credit card account (Mastercard, Bankcard or visa).

Your automatic deduction authority is a matter between you and your bank. Only the amount of the weekly/fortnightly fee payment will be transferred to our bank account. We shall provide you with our weekly/fortnightly remittance advice for your own record and bank reconciliation.

Is there a cost to you?

The direct debit system does not cost you anything. There are no additional bank charges for paying by the Direct Debit System.

How do you arrange for the Direct Debit System?

Simply complete the attached request for debiting amounts to accounts by the direct debit system and return to our head office in BUNBURY or to any branch of THE *Apprentice and Traineeship* COMPANY. Your payments will be automatically debited from your nominated bank account.

Some guidelines to remember

We ask you to ensure that there are sufficient funds available in your account to cover the weekly fee payment deduction. In the event that two consecutive deductions for the same payment period are not met, it will be necessary for us to cancel the Direct Debit authority with your financial institution and reconsider the validity of your agreement with us.

What if you have other queries?

If you have any queries in regard to payment arrangements, please contact Stacie on 9725 7911.



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REQUEST FOR DEBITING AMOUNTS TO ACCOUNTS BY THE DIRECT DEBIT SYSTEM

Date: ____ / ____ / ____

Insert name and address of _____
Financial Institution at which
your account is held _____

Insert your name in full I/We _____
(Surname or Company /Business Name) (Given Name or ABN)

request you until further notice in writing, to debit my/our account described in the schedule below the amounts agreed to in the Payment Agreement which Group Training South West Inc (The User) 061704 (User ID) may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:-

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this request or any authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits.
3. The user may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Customer Signature (s) _____
(If joint account all signatures are required)

Customer Address: _____

THE SCHEDULE

Insert name of account
which is to be debited _____

_____ - _____
BSB Number Account Number

Note: Direct Debiting is not available on the full range of accounts (If in doubt, please refer to your Financial Institution)

IMPORTANT: Lodge the authority at GTSW, PO Box 411, Bunbury WA 6231