



FEES AND CHARGES Payment Agreement Form

QMS
Forms

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

The *Apprentice and Traineeship Company*,
9 Craigie Street, Bunbury - PO Box 411, Bunbury 6231 - Phone: 9725 7911 Email: lynette@gtsw.com.au

Payment Agreement 2018

Program/Course: _____

Student Name: _____

Payment Options

- Full payment on ___/___/___ for \$_____. by _____
- Weekly payment commencing ___/___/___ final payment ___/___/___ for \$_____. by _____

(Please circle) **EFTPOS / cheque / money order / credit card / direct deposit / purchase order**

Credit Card - 2% surcharge - enter credit card details below

Cheque or money order - payable to Group Training South West

Cash - exact money would be appreciated – there are limited facilities available to give change

Direct Deposit 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

Direct Debit – authorisation and information forms attached – please complete payment terms below

ATC Employees only; weekly deductions through wages – please complete payment terms below

Payment Terms:

\$_____ full amount on ___/___/___

\$_____ per week commencing ___/___/___ final payment ___/___/___

\$_____ per fortnight commencing ___/___/___ final payment ___/___/___

DIRECT DEBITS WILL BE PROCESSED ON FRIDAYS ONLY

Weekly & fortnightly amounts will be over 12 weeks

Student - I agree to pay these fees via the method indicated: Signature: _____ Date: _____

Employer -

Company Name: _____

Address: _____

Contact Name: _____ Email: _____ Phone: _____

agrees to pay these fees via the selected payment option above

Employer's representative Name: _____ 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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REQUEST FOR DEBITING AMOUNTS TO ACCOUNTS BY THE DIRECT DEBIT SYSTEM

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 Lynette on 9725 7911.



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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