



# FEES AND CHARGES Payment Agreement Form

QMS  
Forms

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

Program/Course: \_\_\_\_\_

Student Name: \_\_\_\_\_

## Payment Options

Please select a payment option and fill out the corresponding pages as necessary

- Full payment other than Direct Debit or Payroll Deduction – please complete payment terms on [page 2](#)
- Weekly payment other than Direct Debit or Payroll Deduction – please complete payment terms on [page 2](#)
- Payroll Deductions - ATC Employees only– please complete payment terms on [page 2](#)
- Direct Debit – authorisation and information forms attached – please complete payment terms on [page 3](#)

## Student Declaration:

- ***I agree to pay these fees via the method indicated***
- ***I acknowledge and understand that I am responsible for making sure they are paid even if my parent/guardian or employer has agreed to pay my fees.***
- ***I acknowledge and understand that I am contractually obligated to pay fees as per the Department of Training and Workforce Development VET Fees and Charges Policy 2019***
- ***I acknowledge and understand the consequences of falling behind in payments and how it affects my future training as per the below extract***  
“Students who have fallen behind in their payments must not be enrolled in additional units unless appropriate arrangements, agreed to by both the student and the RTO, have been put in place to pay the amount outstanding.”  
- Section 6.6.2 of the VET Fees and Charges Policy 2019
- ***I acknowledge and understand that until all my fees and charges have been paid off I will not receive my Certificate or Statement of Attainment for my qualification.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employer (only to be filled out if the employer is paying) -

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

agrees to pay these fees via the selected payment option

Employer's representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



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## Full or Weekly Payments

Invoice Number/s: \_\_\_\_\_

Total Amount: \_\_\_\_\_

### Payment Terms:

Full payment on \_\_\_\_/\_\_\_\_/\_\_\_\_ for \$\_\_\_\_.\_\_\_\_ by

EFTPOS

Credit Card

Cheque

Direct Deposit

Money Order

Purchase Order

Weekly payment commencing \_\_\_\_/\_\_\_\_/\_\_\_\_ final payment \_\_\_\_/\_\_\_\_/\_\_\_\_ for \$\_\_\_\_.\_\_\_\_ by

EFTPOS

Credit Card

Cheque

Direct Deposit

Money Order

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

**Purchase Order** – Please provide copy of the purchase order or purchase order number.

## Payroll Deduction

ATC EMPLOYEES ONLY

### Payment Terms:

\$\_\_\_\_.\_\_\_\_ full amount on \_\_\_\_/\_\_\_\_/\_\_\_\_

\$\_\_\_\_.\_\_\_\_ per week commencing \_\_\_\_/\_\_\_\_/\_\_\_\_ final payment \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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

Invoice Number/s: \_\_\_\_\_

Total Amount: \_\_\_\_\_

### Payment Terms:

\$ \_\_\_\_\_ full amount on \_\_\_\_/\_\_\_\_/\_\_\_\_

\$ \_\_\_\_\_ per week commencing \_\_\_\_/\_\_\_\_/\_\_\_\_ final payment \_\_\_\_/\_\_\_\_/\_\_\_\_

\$ \_\_\_\_\_ per fortnight commencing \_\_\_\_/\_\_\_\_/\_\_\_\_ final payment \_\_\_\_/\_\_\_\_/\_\_\_\_

**DIRECT DEBITS WILL BE PROCESSED ON FRIDAYS ONLY**

*Please provide bank details on the next page*

### 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 the Skills Centre on 9725 7911.



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## DIRECT DEBIT REQUEST

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**