



# 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

**Enrolment is not complete until statutory and RTO based fees and charges are paid, deferred payment arrangements have been made, or fees and charges have been waived.  
On enrolment students are to complete the Payment Agreement Form.**

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

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

## **Payment Options**

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

- Full Payment on \_\_\_\_/\_\_\_\_/\_\_\_\_ for \$\_\_\_\_\_.
- Authority to Invoice Third Party – Agreement signed by employer for them to pay fees see [page 2](#)
- Payment Plan – please complete payment terms on [pages 3 to 5](#)
- Financial hardship – please see administration staff

## ***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 shall not be able to enrol 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 2020
- ***I acknowledge and understand that until all my fees and charges have been paid off I will not be able to receive my Certificate or Statement of Attainment for my qualification.***

*I have read and agree to the terms and conditions / Student Declaration of this Payment Agreement Form*

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

**Participants Under 18 years - Parent/Guardian are required to co-sign this agreement**

Parent/Guardian Name: \_\_\_\_\_

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



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## Authority to invoice Third Party

Students are legally liable for all fees and charges associated with their enrolment at The Apprentice and Traineeship Company (ATC). An employer, or third party may elect to pay for these fees and can complete the below details. If for any reason the Third Party does not pay the outstanding fees, the student will remain liable and will not be issued a qualification until debts are settled.

COMPANY/INDIVIDUAL BILLING DETAILS					
<b>Company/Individual Name</b> <small>(Please specify name exactly as invoice is required to be raised)</small>				<b>ABN Number:</b>	
<b>Contact Name:</b>		<b>Phone Number:</b>			
<b>Email Address:</b>					
<b>Postal Address:</b>		<b>Suburb:</b>			
<b>Postcode:</b>		<b>State</b>			
<b>Current Enrolment Fees</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Re Enrols</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Text books</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
AUTHORITY & PURCHASE ORDER DETAILS					
Duration, please select whichever applies, (select one only)					
<input type="checkbox"/> For the full duration of the Training Contact/s. Please include end date if known: _____					
<input type="checkbox"/> Until date specified: _____					
PAYMENT VIA PURCHASE ORDER					
If providing ATC with a purchase order please send the below details					
<b>PURCHASE ORDER NUMBER</b>		<b>EXPIRY DATE</b>			
STUDENT DETAILS					
This authority is valid for the below listed students					
<b>SURNAME</b>		<b>FIRST NAME</b>			
<b>SURNAME</b>		<b>FIRST NAME</b>			
<b>SURNAME</b>		<b>FIRST NAME</b>			
<b>SURNAME</b>		<b>FIRST NAME</b>			
<b>SURNAME</b>		<b>FIRST NAME</b>			
<b>SURNAME</b>		<b>FIRST NAME</b>			
<b>SURNAME</b>		<b>FIRST NAME</b>			
<b>SURNAME</b>		<b>FIRST NAME</b>			
THIRD PARTY ACKNOWLEDGEMENT AND AUTHORISATION					
In signing this authority, the Third Party acknowledges they are accepting responsibility for the payment of all fees and charges relating to the above listed student's enrolment at The Apprentice and Traineeship Company. Any rescindment of this authority must be provided in writing and any fees incurred or invoiced prior to this rescindment will remain the responsibility of the Third Party.					
<b>I agree to these terms and conditions</b>					
<b>Company Representative/Individual Name</b>					
<b>Position</b>					
<b>Signature</b>		<b>Date</b>			
Prior to the commencement of class this form should be completed & returned to The Apprentice and Traineeship Company					



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## Payment Plan

### Weekly or Fortnightly Payments

#### Payment Methods

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

**Cheque** - payable to Group Training South West

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

**Electronic Funds Transfer** to The Apprentice and Traineeship Company – use your first Initial, then surname and invoice number as the subject of the deposit /transfer (e.g. TSmith 02442)

**Account name:** GTSW – Training CMCA

**BSB:** 066507

**Account:** 10034445

#### Frequency

Payments made by the student will be either weekly, fortnightly or students can elect to pay by block. Block payments will be the annual fee divided by the number of blocks and due on the first day of each block.

#### Payment Plans with methods other than direct debit terms and conditions

While we highly recommend your fees be paid by Direct Debit other options are available for students to select. Please be aware that if payments are missed or the payment plan is not honoured your payment plan will be reviewed and payments will be done via the direct debit system. We request that when you complete the payment terms you fill out the direct debit details as your payment plan will automatically switch over. You will be notified of this change before this first payment comes out.

I acknowledge, understand and agree to the terms and conditions above that if the payment plan is not honoured and payment/s are missed that a direct debit will be put in its place if not agreed to be paid off in full

#### Payment Terms:

Invoice Number/s: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Commencing \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for \$ \_\_\_\_\_ by

#### Payment Method

- Direct Deposit                       Cash                                       Credit Card  
 EFTPOS                                 Direct Debit                              (Please complete Credit Card Details below)  
 Cheque                                      (Please complete Direct Debit Details)

#### Frequency

- Weekly                                       Fortnightly                                 By Block

Final payment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ of \$ \_\_\_\_\_

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

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

#### STUDENT DETAILS

<b>Student Name:</b>													
<b>Student Address:</b>													
<b>Details of credit card to be debited:</b>		Visa <input type="checkbox"/>				Bankcard <input type="checkbox"/>				Mastercard <input type="checkbox"/>			
<b>Cardholder Name:</b>													
Authorises and requests The Apprentice and Traineeship Company, to arrange for my credit card debited as specified under the payment terms above.													
<b>Card Number:</b>													
<b>CCV:</b>					<b>Expiry Date:</b>						/		
<b>Cardholder's Signature:</b>						<b>Date:</b>							

This slip will be destroyed once payment/s is complete



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## DIRECT DEBIT REQUEST

### STUDENT DETAILS

<b>Student Name:</b>	
<b>Student Address:</b>	
Authorises and requests The Apprentice and Traineeship Company ("Debit User"), until further notice in writing, to arrange for my/our account (as described in the Schedule below) to be debited as specified below, provided that if no amount is specified, the account may be debited with any amounts which the Debit User may properly debit or charge me/us through BECS	

### THE SCHEDULE

**Details of account to be debited:** For example: Savings or Cheque accounts  
**Note:** Direct Debiting is not available on the full range of accounts. The Apprentice and Traineeship Company does not accept Visa, MasterCard, Diners or Amex credit cards.  
 If in doubt, please refer to your financial institution.

<b>Account in the name of</b>	
<b>Account held at:</b> Name and Branch of Financial Institution:	
<b>BSB Number:</b>	<b>Account Number:</b>

### ACKNOWLEDGEMENT

I/We have read the Service Agreement below and agree to its terms.  
 I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.  
 I/We confirm account details are correct and that this request is signed by required number of authorised signatories.

<b>Account Holder Signature 1:</b>	<b>Date:</b>	
<b>Account Holder Signature 2:</b>	<b>Date:</b>	

### Direct Debit Request Service Agreement

1. The Apprentice and Traineeship Company ABN 69 901 418 015 (Debit User) will initiate direct debit payments in the manner referred to in the Schedule.
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. If the customer wishes to defer any payment or alter any of the details referred in the Schedule, the customer must write to The Apprentice and Traineeship Company.
4. Direct debiting is not available on the full range of accounts at all financial institutions. If in doubt the customer should check with their financial institution before completing this Direct Debit Request.
5. The customer should ensure that the account details given in the Schedule are correct by checking them against a recent statement from the financial institution at which the account is held.
6. By signing this Direct Debit Request, the customer warrants and represents that he/she/they/is/are duly authorised to request the debiting of payments from the account described in the Schedule.
7. It is the customer's responsibility to have sufficient cleared funds available in the account to be debited, to enable debit payments to be made in accordance with this Direct Debit Request.
8. Direct debit payments are processed by The Apprentice and Traineeship Company on Fridays.
9. Sanctions may apply if a direct debit is returned unpaid.
10. Customers wishing to cancel this Direct Debit Request or to stop individual debit payments must give at least 7 days' written notice to the Debit User.
11. Except to the extent that disclosure is necessary in order to process debit payments investigate and resolve disputed transactions or is otherwise require by law, the Debit User will keep details of the customer's account and debit payments confidential.

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