

## FAMILY PAYMENT CONTRACT 2026 Golden Hill Steiner School Fees

Student Name(s)	D.O.B	Class
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Names of Parent(s) / Guardian(s) / Persons responsible for paying current year fees:

\_\_\_\_\_

### **Billing Contact details:**

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

Email: \_\_\_\_\_@\_\_\_\_\_ Phone: \_\_\_\_\_

**Payment methods:** Please choose the payment method that you can commit to:

1. ☐ **BANK TRANSFER:** Full Payment of Annual fees with a 10% discount on tuition to:  
Golden Hill Steiner School Inc: BSB: 083-170 Account No: 174 989 795.  
*To be received in school bank account by no later than 31<sup>st</sup> January 2026 for discount to be applicable.*
2. ☐ **DIRECT DEBIT:** Pay annual fees in instalments by authorising Golden Hill to direct debit your account.  
Please complete the Direct Debit Request form on the reverse side of this form.

### Direct Debit Frequency

- ☐ Weekly (40\* payments commencing Thursday 12<sup>th</sup> February, concluding Thursday 12<sup>th</sup> November)
- ☐ Fortnightly (20\* payments commencing Thursday 12<sup>th</sup> February, concluding Thursday 5<sup>th</sup> November)
- ☐ Monthly (10\* payments on 12<sup>th</sup> of the month commencing 12<sup>th</sup> February, concluding 12<sup>th</sup> November)
- ☐ Termly (4\* payments - Thurs 12<sup>th</sup> February, Thurs 7<sup>th</sup> May, Thurs 30<sup>th</sup> July, Thurs 22<sup>nd</sup> pOctober)

\$  Direct debit amount per instalment (Annual Fees divided by \*Amount of payments)

### **Are you a health care card holder?**

Please provide a copy of your valid Health Care Card to the office to receive a discount on tuition fees.

### **Family Participation Scheme:**

We agree to (please indicate your preference):

1. Contribute 10 hours of Family Participation per family, per semester ☐
2. Pay \$100 per semester as a monetary contribution for Family Participation ☐

I/We understand that we are liable to pay school fees as per the Offer and Acceptance signed at enrolment. I/We have read, understood and agree to the Golden Hill Steiner School Enrolment and Fee Policies. I/we agree to commit to the above stated payment contract and the direct debit terms and conditions overleaf. I/we take full responsibility for payment of Golden Hill Steiner School fees:

Parent 1 _____	_____	_____
Parent 2 _____	_____	_____
Name (please print)	Signature	Date



# Golden Hill Steiner School

## Direct Debit Authorisation

*Request and Authority to debit the account named below to pay*

**Golden Hill Steiner School Inc**

ABN: 27 812 845 395

### Direct Debit Authorisation

Last Name/s

First Name/s

'you'

I / We request and authorise **GOLDEN HILL STEINER SCHOOL [USER ID: 667586]** to arrange, through its own financial institution, a debit to your nominated account any amount **GOLDEN HILL STEINER SCHOOL** has deemed payable by *you*, as indicated on the Golden Hill Family Payment Contract.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Dishonour Fee for Unsuccessful Payments:** A dishonour fee of \$15 will be charged to your nominated account for any unsuccessful scheduled payment.

### Nominated Account Details

Name of Financial Institution

Address of Financial Institution

Name of Account to be debited

BSB

Account Number

### Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **GOLDEN HILL STEINER SCHOOL** as set out in this Request and in your Direct Debit Request Service Agreement.

### Account Signatures

Signature

Name of signatory

Date

Signature

Name of signatory

Date