



## Payment Plan Agreement Form

AICS/IMS/STD/F/PPAF.00

At AICS, the contribution of fees by parent(s) and/or caregiver(s) is essential to the colleges' ability to provide resources to educational program. All fees must be paid in full before the commencement of the respective term.

AICS offers payment plans to families who opt to pay school fees by instalments. A payment plan agreement form must be completed by the applicant (fee payer), and pay a \$25 application processing fee. All payment plans will automatically rollover to next year unless you notify us otherwise. In such case, a \$25 application processing fee will be charged and added in the payment plan.

***Please fill and return this form to the school administration office before the school year commences (26<sup>th</sup> January of every year).***

### Applicant Details

The Applicant must be the person responsible for the payment School fees (*fee payer*).

Applicants Name (fee payer): \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

### Student(s) Details

Student's Name	Class & Section

### Payment Options:

#### Option A.

I will pay a lump sum payment before 26<sup>th</sup> January for the whole year, attracting a 5% discount.

#### Option B

I would like to pay a lump sum payment before the commencement of the term(s).

#### Option C

I would like to pay by instalments, as per the payment schedule provided by the school on a weekly/fortnightly basis (please circle preference) scheduled on Wednesday.

### Payment Method:

I will be making payments using the method:

- Please setup a direct debit from my account, Direct Debit form attached.
- Please setup a direct debit from my credit card, Direct Debit form attached.



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### Declaration

- ✓ I have paid and attached a receipt of \$25 for further processing of this payment plan agreement application.
- ✓ I have filled, signed, and attached the Direct Debit Request form and agreement.
- ✓ I declare that to the best of my knowledge the information supplied in all parts of this application is correct and complete.
- ✓ I understand that my payment plan will be scheduled between 26<sup>th</sup> January to 31<sup>st</sup> August of the school year.
- ✓ I understand that it is my obligation to have sufficient clear amount in my nominated account/credit card.
- ✓ I understand that I need to provide a minimum 14 days' notice to the School for the cancellation of the payment plan.
- ✓ I understand that any processed payment cannot be cancelled.
- ✓ I understand that I am required to pay all outstanding dues levied by the School, in full at the time of cancellation of payment plan.
- ✓ I understand that I will be charged \$25 per unsuccessful transaction.

Applicants' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Student Administration Office Use Only

Application Received by: _____	Date: _____
Contact ID: _____	Total Fees: _____
Payment Schedule developed? _____	Fee payer informed by: _____
Actioned by: _____	Date: _____
Admin Manager Signature: _____	Date: _____
Comments: _____	
File uploaded on Box by: _____	Date: _____