



NOTRE DAME COLLEGE

Email: finance@notredame.vic.edu.au Telephone: (03) 5822 8400

AMENDMENT TO FEE RESPONSIBILITY – SPLIT BILLING (CHILD BASIS)

Where there is a request for implementing split billing arrangements, we require all details below to be completed and signed by ALL affected parties. This includes all parties currently receiving an account and all parties who are accepting responsibility for future accounts.

1. **EXISTING ACCOUNT ARRANGEMENTS:** NAME: _____
ADDRESS: _____

I/We hereby agree to the revised billing arrangements outlined below. We understand if "2. Revised Account Arrangements" is not fully completed and is received by Notre Dame College, the existing arrangements will remain in place.

Signature (Mother/Other): _____ Date : _____

Name (Mother/Other): _____

Signature (Father/Other): _____ Date : _____

Name (Father/Other): _____

2. **REVISED ACCOUNT ARRANGEMENTS:**

Please enter the children's names each parent/guardian will be responsible for:

MOTHER / OTHER: _____ (Please provide detail of Other relationship)	FATHER / OTHER: _____ (Please provide detail of Other relationship)
1.	1.
2.	2.
3.	3.

To apply to: **Current balance** ☐ and/or **Future charges** ☐ (For more information please see over)

Are there any court orders in place regarding payment of school fees? Yes ☐ No ☐ (If Yes, please attach a copy)

Father's/Other's Name: _____
Address: _____
Home Phone: _____ Bus. Phone: _____ Mobile Phone: _____

Mother's/Other's Name: _____
Address: _____
Home Phone: _____ Bus. Phone: _____ Mobile Phone: _____

Signature (Mother/Other): _____ Date : _____

Name (Mother/Other): _____

Signature (Father/Other): _____

Date : _____

Name (Father/Other): _____

AMENDMENT TO FEE RESPONSIBILITY – SPLIT BILLING (CHILD BASIS)

It is the practice of Notre Dame College that, until written advice is received by the Finance Department via the completed and signed 'Change of Fee Responsibility – Split Billing' form, no changes will be made to existing information in relation to any fee account. Where both parents are presently responsible for the fee accounts, they will remain jointly and severally responsible for the fee account. All fee correspondence will continue to be issued to existing names, at the new postal address(es) of those concerned.

As at the date of receiving the completed form, the fee payers' account will be split between both parents in accordance with the details in the form, if it has been signed by all parties concerned.

The parents will become separately responsible for the entire balance of any outstanding fees and charges as at the date of the re-allocation of the joint fee account. This is unless other arrangements have been formally agreed upon between the parents and written advice provided to the College Finance Department.

Details of your current account balance and payment details can be provided to you by contacting the Finance Department on 5822 8400. The College cannot provide information about any account that a parent/guardian is not responsible for, unless written approval by the person(s) responsible for the account has been provided.

In circumstances where the College has been authorised to set up a Direct Debit arrangement for the periodic payment of fees from an account held jointly, the College will continue to process these periodic payments until advised otherwise.

It is the responsibility of either parent to advise the Finance Department at least one working day prior to the next scheduled periodic payment if this Direct Debit arrangement is to be cancelled. This notification should be provided in writing to the Finance Department.

If any fees are incurred by the College as a result of periodic payments being stopped by the Bank, the College may pass these fees onto the joint fee payers' account.

Please sign here to confirm that you understand the terms and conditions regarding the Notre Dame College 'Change of Fee Responsibility – Split Billing' process as outlined above:

Mother/Other: _____

Date: _____

Father/Other: _____

Date: _____

FINANCE DEPARTMENT USE

Received by: _____

Date Received: _____

Processed by: _____

Date Processed: _____