

College fee account holder

name

1 Macedon Street, Sunbury 3429 Email: SchoolFees@scr.vic.edu.au

Section	Δ. 6	Student	and	account	t halder	inform	nation
Section	A: :	siudeni	and	accoun	i monaer	1111011	แลแดก

If you do not subr	mit this forr	m by 13/2/26	6, your payme	SchoolFees@scr.vic.edu.au) ent arrangement will be full payn	nent by 28/2/26 of the account	balance in	the 2026 Annual F	ee Statement using	self-managed	payment plan
ction A: Student										
				0.00				sible for tuition fees,		
				College Fee A/C holder	Student 1		Student 2	Student 3		Student
	Account Code in your College Fee A/C / Student ID		•							
	. 55 7/6	, Juutiil iL	-							
	Surname	9								
	Given na	ame								
	Year Lev	vel (2026)								
ction B: Payment	t Freaue	ncy (Pleas	se tick 1 ar	ey box ONLY)						_
: =3011		,50	91	-,						
	No. of instalment	Cto-1	Est.							
_	finst	Start	End							
Frequency	ō Ō	Year 2	:026							
Wookly (Eri)		16 Jan	04 Dec	· —						
Weekly (Fri)			04 Dec 06 Nov							
Weekly (Fri)		06 Feb								
Fortnightly (Fri)		16 Jan	20 Nov							
Fortnightly (Fri)		23 Jan	27 Nov							
Fortnightly (Fri)		06 Feb	30 Oct							
Fortnightly (Fri)	20	13 Feb	06 Nov	<u> </u>						
Monthly (15th)	10	15 Feb	15 Nov							
Monthly (1st)	10 (01 Mar	01 Dec							
Monthly (15th)	11	15 Jan	15 Nov							
Monthly (1st)	11 (01 Feb	01 Dec							
Quarterly	4 6/2,	, 10/4, 10/7,	9/10							
Annual		balance by 2								
ncial Assistance		•								
		-		vide affordable family-friendly C	=					
_				I difficulty in the future, we enco	ourage you to contact the Col	lege's Colle	ections Officer at c	collections@scr.vic.e	edu.au.	
Or tick the box ar	nd the Coli	lege will arra	ange a confia	lential appointment for you.						
ion C: Payment	t method	l and deta	ils <i>("Pref</i> e	erred method of payment	is self-managed BPAY.	BPAY de	etails are availa	ble from your C	ollege Fee a	account ")
Self-managed Do	IVMent DI	n (e a RDA	Y cash cho	eque, bank cheque)						
- ·	•	. •		,						
College-managed	d Paymen	t Plan <mark>with</mark> (details indic	ated below (i.e. direct debit)						
						3.0	•	ge applies (Use BP	AY to avoid s	urcharge)
		P	Bank A/C		0		/ Master / Amex ase circle one)			
			No.			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Card No,			
	_	_				E	Expiry Date (MM/YY)		1	
Name on							(141141/ 1 1)			
bank account /					Bank A/C / card holder					
card					signature					
tion D: Declarat	ion									
	it is my re	sponsibility	to contact the	e College to adjust the instalme	ent amounts in respect of som	e charges t	that may only be b	nilled to my fee acco	unt after the A	nnual Fee Acc
rendered.										
LOW COMPONENTING SE	-cuon C ab	JUVE FOR COLL	ege-manage	d Payment Plan, the bank according by email to SchoolFees@scr.v		iorizes Sale	esian college Sur.	inai y to airect debit i	u ie above-mei	nuonea accoun

Signature

Date