

Student Fee Payment Plan

APPLICATION FORM

St Mark's National Theological Centre ("St Mark's") offers payment plans to assist students to manage the cost of study.

The payment plan involves payment of a \$500 deposit on or before the census date, and an agreement to make regular payments to complete the balance of fee payment **by the last day of semester**.

Students may enter into a payment plan on a semester basis, in which case the final payment must be made prior to the last day of that semester. Alternatively, students may enter into a payment plan for a full year i.e. two semesters where the last payment will need to be made prior to the last day of the second semester.

St Mark's reserves the right to disallow continuation in a course if fees are outstanding beyond the end of each semester of study. St Mark's will not issue awards where fees are outstanding.

If you have any queries when completing this form please contact (02) 6272 6252 or our Accounts team via email: accounts@stmarks.edu.au.

Student Information

Name:			
Address:			
State:		Postcode:	
Phone:			
Email:			

Course Enrolment

Name of Course:			
Year of Enrolment:			
Student Number:			
Invoice Number: (If known)			
I wish to enter into a payment plan for payment of fees associated with above course for the:	Semester/year <i>Please circle ONE</i>	commencing	____ / 202__ <i>Month/Year</i>

Proposed Payment Schedule

Nominate ONE of the below options: credit card OR direct deposit.

- I authorise St Mark's to debit my **credit card** for the amounts in the schedule below; **OR**

Card Number: _____ / _____ / _____ / _____ **Expiry:** ____/____

Name on Card: _____ **Signature:** _____

- I undertake to make payments by **direct deposit** into the St Mark's bank account according to the schedule below.

Account Name: St Mark's National Theological Centre

BSB: 702 389

A/C: 05200387

Reference: Include your name and invoice number as the transfer reference

Schedule of Payments

Nominate as many payments as required.

Payment	Amount	Date (Charge/Transfer)
Deposit	\$500	Immediately
Payment 1		___/___/202__
Payment 2		___/___/202__
Payment 3		___/___/202__
Payment 4		___/___/202__
Payment 5		
Payment 6		
Payment 7		
Payment 8		
Payment 9		
Payment 10		
Payment 11		
Payment 12		
Payment 13		
Payment 14		
TOTAL		<i>Final date must be prior to last day of semester</i>

My signature below confirms my agreement to the above terms and schedule. If my circumstances change I will contact St Mark's as soon as possible.

Student Signature: _____

Date: _____