Name: _____

SCHOOL FEES

Name of School: _____

Amount: $_____ p.a. **Amount per payment:** $_____

Frequency: ❒ Weekly ❒ Fortnightly ❒ Monthly ❒ Quarterly ❒Yearly Other……..…

Please complete for EFT & DIRECT CREDIT payment methods only

BSB Number:						

Account Number

Account Name:

ID (eg: Surname)

Payment method to be used (please tick the appropriate box):

❒ **EFT** - If Remunerator can pay DIRECT to the School electronically either weekly, fortnightly or monthly

❒ **DIRECT CREDIT** - If the School has either a weekly, fortnightly or monthly electronic deduction from your bank account (NOT credit card)

❒ **REIMBURSEMENT** - If you pay the School by cash, cheque or credit card

SUBSTANTIATION REQUIRED

(a) ***EFT -*** Letter from the School specifying the following details:
- amount per period
- frequency of payments
- date payment due
- supplier's bank account & BSB number where the payments are to be deposited
- ID Number (where required)

(b) ***Direct Credit -*** Documentation from the School specifying the following details:
- amount per period
- frequency of payments
- date payment due
- employee's bank account & BSB number from where the payments are to be deducted

(c) Reimbursement (applicable for ALL payments)

A copy of the receipt attached to a "Reimbursement Claim Form" at time of claim.

Employee's Signature _____ ***Date*** _____/_____/_____