

# REVISION OF FINANCIAL OBLIGATIONS FORM

This form is to be used when Account Holder financial arrangements change.


School fees and charges are set and published by the school/college each year. Statements are sent to the nominated Account Holder(s).


## Financial Agreement

By choosing and accepting **one** of the financial arrangement options below, the account holders:

- agree to be Account Holder(s) and accept financial responsibility for the school fees and charges incurred for the enrolment of STUDENT'S LEGAL NAME
- agree that this arrangement is to be in place from \_\_\_ / \_\_\_ / \_\_\_ and will apply to the fees and charges incurred from this date until the conclusion of his/her enrolment at the school/college or until a new financial arrangement is made in writing
- have read and accept the School Fees and Collections Policy
- undertake to pay school fees, levies and charges by the due date and understand that it is the responsibility of each Account Holder to approach the school to discuss payment options should difficulties arise meeting this obligation
- understand that as an Account Holder, additional details or changes to details such as addresses and contact numbers, are to be provided via the Additional Contact Person contact form
- understand that as a new Account Holder, the BCE Information Collection Notice must be signed.

## Financial Arrangement Options *(Please select one of the following three options)*

| <input type="checkbox"/> <b>Option 1: JOINT AND SEVERAL FINANCIAL RESPONSIBILITY</b><br><i>(Both parties, each of whom are nominated as Account Holders, are jointly and severally responsible)<br/>Where two parties, e.g. a mother <u>and</u> father, assume joint financial responsibility for 100% of the account</i> |   | <b>% of Fees and Charges</b>   |
|---|---|--|
| Account Holder 1 Full Name:   |   | <br><b>100%</b> |
| Acceptance:   | Account Holder 1 Signature  |  |
| Date Signed:  | <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> |  |
| Account Holder 2 Full Name:   |   |  |
| Acceptance:   | Account Holder 2 Signature  |  |
| Date Signed:  | <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> |  |

| <input type="checkbox"/> <b>Option 2: SOLE FINANCIAL RESPONSIBILITY</b><br><i>(100% responsibility is allocated to one person who is nominated as the Account Holder)<br/>Where only one party, e.g. a mother <u>or</u> a father, assumes financial responsibility for 100% of the account</i> |   | <b>% of Fees and Charges</b>   |
|--|---|--|
| Account Holder Full Name:  |   | <br><b>100%</b> |
| Acceptance:  | Account Holder Signature  |  |
| Date Signed:   | <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> |  |

| <input type="checkbox"/> <b>Option 3: SPLIT FINANCIAL RESPONSIBILITY</b><br><i>(Split financial responsibility is allocated to each party. Individual statements are sent to each Account Holder)<br/>           Where multiple parties are financially responsible for a portion of the account, e.g. mother - 50%, <u>and</u> father - 40%,<br/> <u>and</u> a grandmother - 10%.</i> |                                       | <b>% of Fees and Charges</b> |
|--|---------------------------------------|------------------------------|
| Account Holder 1 Full Name:  |                                       | ___ %                        |
| Acceptance:  | Account Holder 1 Signature            |                              |
| Date Signed:   | __ D __ / __ M __ / __ Y __ Y __ Y __ |                              |
| Account Holder 2 Full Name:  |                                       | ___ %                        |
| Acceptance:  | Account Holder 2 Signature            |                              |
| Date Signed:   | __ D __ / __ M __ / __ Y __ Y __ Y __ |                              |
| Account Holder 3 Full Name:  |                                       | ___ %                        |
| Acceptance:  | Account Holder 3 Signature            |                              |
| Date Signed:   | __ D __ / __ M __ / __ Y __ Y __ Y __ |                              |
| Account Holder 4 Full Name:  |                                       | ___ %                        |
| Acceptance:  | Account Holder 4 Signature            |                              |
| Date Signed:   | __ D __ / __ M __ / __ Y __ Y __ Y __ |                              |
|  |                                       | <b>100 %</b>                 |

Total must equal 100%

Any changes to existing Account Holder contact details and/or new Account Holder contact details are to be provided on the **Additional Contact Person form**.

New Account Holders should also sign the **BCE Information Collection Notice**