

## REVISION OF FINANCIAL OBLIGATIONS FORM

This form is to be used when account holder financial arrangements change.

### 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, levies 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, levies 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.
- 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.
- acknowledge the BCE Credit Reporting Statement which is available on the BCE Public Website ['Privacy'](#).
- understand that it is the Account Holder's responsibility to obtain the necessary signatures on the below form. This form will not be processed until it is signed and dated by all respective parties. It is important to note that digital signatures will not be accepted. The date of submission to the College is the date of amendment, regardless of the combined signatory dates.
- understand that 100% of fee responsibilities are required to maintain a student's continuing enrolment. If an Account Holder changes fee responsibilities, 100% of fees and levies must be allocated to relevant parties on this Revision of Financial Obligations Form and returned to the office within 7 days. This will ensure a smooth transition of the student's continuing enrolment.

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

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

<input type="checkbox"/> <b>Option 2: SOLE FINANCIAL RESPONSIBILITY</b> <i>(100% responsibility is allocated to one person who is nominated as the Account Holder). 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, Levies and Charges</b>
Account Holder Full Name:		<b>100%</b>
Acceptance:	Account Holder Signature	
Date Signed:	_ D _ D / _ M _ M / _ Y _ Y _ Y _ _____	

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

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**