



Fee Payment Plan Application

(To be approved, applications must be submitted before term starts)

Gymnast's Name/s: _____

Total Term fees owing: \$ _____ for term _____ year _____

- Administration or Management may refuse a payment plan based on poor credit history.
- Payment plans do not include annual registration fees. Registration must be paid in full in the second week the gymnast attends in the calendar year.
- Payment plans are only available to gymnasts training 2 days per week or more.
- A payment plan must be applied for prior to term starting – **Not in week 2 when you can't pay for the full term.**

(Please read carefully and sign)

- I agree to pay in fortnightly installments, commencing in the first week of term.
- I authorize Carmel & Co Gymnastics to charge my credit card (details given below), or present my pre-written cheques to the bank every fortnight, commencing on Monday, week 1 of term.
- If there are insufficient funds in my bank account or credit card resulting in a dishonoured cheque, or a credit card payment cannot be processed, my child/children will not be able to attend gymnastics until the payment is rectified, and I will be charged an additional \$5 fee.
- No makeup lessons are available to my child/children until their term fees are paid in full.
- Carmel & Co Gymnastics fees policy clearly states that refunds for term fees are not given if a gymnast decides they no longer want to do gym anymore. As such, I acknowledge that if my child decides to quit, I will still honour this agreement and continue to pay for the current terms fees in full.
- In the event that term fees are not paid in full, the debt will be handed over to an external debt collection agency, the costs incurred by Carmel & Co Gymnastics in doing this will be passed on to me in the form of additional fees. Also, a registration transfer request to any other gymnastics club in Australia will be refused until all fees are paid in full.

I agree to adhere to the rules and conditions of this agreement,

Fortnightly installment amount: \$ _____ (weekly fees X 2)

Parent /Guardian's Name: _____ Signature _____

Date: _____

Payment method

I authorize Carmel & Co gymnastics to charge my credit card every fortnight, commencing on Monday in week 1 of term:

Visa Mastercard Bankcard

Card Number: _____ / _____ / _____ / _____

Card Holders Name: _____ Expiry Date: _____ / _____

Card Holders Signature: _____ Date: _____

Or, I have attached pre-written and signed cheques for each fortnightly installment.

Payment Plan Approved by:

Administrator/Manager: _____ Signature _____ Date: _____