

**Applicant Name:** \_\_\_\_\_ **Applicant Contact Number:** \_\_\_\_\_

**Applicant Email Address:** \_\_\_\_\_

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Please nominate a payment option and frequency**

**Direct Deposit**
 Weekly
  Fortnightly
  Monthly
 **Commencement Date:** \_\_\_\_\_


**Name:** John Curtin College of the Arts

**BSB:** 066 040 **ACC:** 19902167 **Reference:** Student Name/Number

I would like to direct credit the John Curtin College of the Arts Bank Account the following amount \$ \_\_\_\_\_ as per indicated terms above. **Signature** \_\_\_\_\_

**Qkr!**
 Weekly
  Fortnightly
  Monthly
 **Commencement Date:** \_\_\_\_\_

I will utilise the Qkr! payment method for the following amount \$ \_\_\_\_\_ as per indicated terms above. **Signature** \_\_\_\_\_



**Phone/device App** download Qkr! by MasterCard for iPhones/iPads or Android  
**Computer** go to <https://qkr-store.qkrschool.com/store/#/home>  
**To make payments** select John Curtin College of the Arts from 'Nearby Locations' or type John Curtin College of the Arts  
**For payment enquiries** email [johncurtinstudentaccounts@jc.wa.edu.au](mailto:johncurtinstudentaccounts@jc.wa.edu.au)

**Credit Card**
 Periodic Credit Card Payments

**Payments will be automatically deducted by BPOINT on the 3<sup>rd</sup> day of each month commencing on 3<sup>rd</sup> February 2022. Please ensure sufficient funds are available on dates listed below.**

I would like \$ \_\_\_\_\_ to be deducted each month until the account has a nil balance.

By signing this form, I authorise payments to be deducted from my Credit Card as outlined above. I understand that my Credit Card details will be lodged and stored securely with the bank and that John Curtin College of the Arts will destroy my details once lodged.

**Signature** \_\_\_\_\_

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**Full Name (as it appears on the card):** \_\_\_\_\_

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Visa
  MasterCard
 Expiry Date: \_\_\_\_/\_\_\_\_
 **Card Holder Signature:** \_\_\_\_\_

**Office Use Only**

<b>Student Reference Number</b>	
<b>Date received</b>	<b>Principal to sign</b>
<b>Payments to commence</b>	<b>Payments to cease</b>
<b>Actioned by Entered into RM Billing notes</b>	<b>Emailed confirmation to Fee Biller</b>

<b>Payment Date</b>	<b>Payment Type</b>	<b>Signature</b>
3 <sup>rd</sup> February 2022		
3 <sup>rd</sup> March 2022		
3 <sup>rd</sup> April 2022		
3 <sup>rd</sup> May 2022		
3 <sup>rd</sup> June 2022		
3 <sup>rd</sup> July 2022		
3 <sup>rd</sup> August 2022		
3 <sup>rd</sup> September 2022		
3 <sup>rd</sup> October 2022		
3 <sup>rd</sup> November 2022		
3 <sup>rd</sup> December 2022		

**Notes**
