

## Acceptance of Offer / Payment Agreement Form

Title (please circle):	Mr	Mrs	
Family Name/ Surname:	_____		
Given Name(s):	_____		
Gender (please circle) (dd/mm/yy)	Male	Female	Date of birth ____/____/____

I accept the offer of admission as a full fee paying student to the following program:

Commencing semester: (please circle)    **1. Feb/Mar**    **2. June/July**    **3. Oct**    **Year**

## Payment Options

Please read Conditions of Enrollment. Please select and complete the relevant information regarding the method you wish to use to make your payment. The available methods of payment are cheque, direct deposit, credit card, payment agreement and FEE-HELP. **Please note that FEE-HELP is ONLY available for payment of Diploma Course fees, not Certificate Course fees.**

Should you require further information regarding the payment options, including FEE-HELP, please call SAIBT on 83021555.

### FEE-HELP

I have received and read a copy of the FEE-HELP information booklet and I wish to pay my outstanding debt as at census date using FEE-HELP, being payment for semester \_\_\_\_\_ in the Diploma of \_\_\_\_\_ program. I have attached a completed FEE-HELP Assistance Form and I consent to SAIBT providing my personal identity data to DETS for the purposes of FEE-HELP.

### Cheque Payment

Please find attached my cheque payment of \$ \_\_\_\_\_, made payable to SAIBT/CELUSA, being payment for semester \_\_\_\_\_ in the \_\_\_\_\_ program.

**Please see overleaf for further payment options**

**Direct Deposit**

Please find attached a copy of my direct deposit receipt of \$ \_\_\_\_\_ paid on \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy), being payment for semester \_\_\_\_\_ in the \_\_\_\_\_ program, paid to the following account:

Bank Name: **WESTPAC**  
 Bank Address: **109 St. Georges Terrace, Perth WA 6000**  
 Account Details: **SAIBT/CELUSA Student Fees Account**  
 BSB Number: **036 000**  
 Account Number: **773884**  
 Swift Code: **WPACAU2S**

**Credit Card Payment**

***All credit card payment will incur a 1.5% credit card payment surcharge***

Please debit my credit card with \$ \_\_\_\_\_ being payment for semester \_\_\_\_\_ in the \_\_\_\_\_ program. My credit card details are as follows:

Visa / Mastercard / Bankcard (please circle one only)

Credit Card Number: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Card Expiry: \_\_\_\_\_  
 Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Agreement:**

**Option 1**

**Pay 50% of tuition fees in Week 1 and the balance in Week 7 of the Semester.**

A late payment fee of \$50.00 will be charged if fees are not paid by the dates specific. An additional charge of \$25.00 will be charged for every week that the payment is late.

**Option 2**

**Make four payments each of 25% of tuition fees. Payments are due Week 1, Week 5, Week 9 and Week 13 of the semester.**

Credit Card Payments Only (Visa, MasterCard and Bankcard accepted only).

A late payment fee of \$200.00 will be charged if fees are not paid by the dates specified.

I have read and understood all of the information supplied to me in the SAIBT brochure/ SAIBT website. I have also read and understood the SAIBT tuition fee refund policy as stated in the Conditions of Enrollment in the SAIBT brochure/ SAIBT website and I agree to abide by this policy.

Signature \_\_\_\_\_  
 Name of Parent/ Guardian (if applicable) \_\_\_\_\_  
 (Parent or Guardian must sign the acceptance form if the student is under 18 years of age)

**OFFICE USE ONLY:** Orientation information sent, date \_\_\_\_\_ Credit and transaction processed date \_\_\_\_\_ Copy of Option Agreement forwarded to Accounts, date \_\_\_\_\_