

## KingsView School

Attendance Dues are a compulsory payment approved by the Minister of Education under the terms of the Education and Training Act 2020. These are collected by New Zealand Christian Proprietors Trust (NZCPT) as a condition of a students enrolment at KingsView School. NZCPT also collect the Special Character Donation which is a voluntary contribution and funds are used to provide resources, training and educational tools that directly enhances their Special Character. This agreement confirms acceptance to pay and set up a Direct Debit for which an authorisation form is attached for your completion. **Please send both the original completed forms back to the school.**

The person responsible for paying the student/s fees must please fill in all the details. Please print neatly.

|                         |      |     |            |            |
|-------------------------|------|-----|------------|------------|
| NAME OF PAYER           | 1    |     |            |            |
| RELATIONSHIP TO STUDENT |      |     |            |            |
| POSTAL ADDRESS          |      |     |            |            |
| POSTCODE                |      |     |            |            |
| EMAIL ADDRESS           |      |     |            |            |
| TELEPHONE NUMBER        | H:   | W:  | M:         |            |
| STUDENT'S FULL NAMES    | F/ M | DOB | YEAR LEVEL | START DATE |
| 2                       |      |     |            |            |
|                         |      |     |            |            |
|                         |      |     |            |            |
|                         |      |     |            |            |

|                 |        |                  |    |    |    |
|-----------------|--------|------------------|----|----|----|
| PARENTS DETAILS | FATHER | FULL NAME        | 3  |    |    |
|                 |        | FULL ADDRESS     |    |    |    |
|                 |        | EMAIL ADDRESS    |    |    |    |
|                 |        | TELEPHONE NUMBER | H: | W: | M: |
|                 | MOTHER | FULL NAME        | 4  |    |    |
|                 |        | FULL ADDRESS     |    |    |    |
|                 |        | EMAIL ADDRESS    |    |    |    |
|                 |        | TELEPHONE NUMBER | H: | W: | M: |

|                    |   |  |
|--------------------|---|--|
| Sibling/s Starting | 5 | Please increase our Direct Debit Payment to cover extra child/children |
|--------------------|---|--|

The payer hereby authorises NZCPT to deduct the following fees **Per Student**.

6 Please select the **payment types and frequency** below by placing a tick next to the rate to be included in your payment plan (Attendance Dues only or the total which includes the Special Character Donation)

**Frequency:** Quarterly/Monthly/Weekly; please circle the preferred date/day.  
Fortnightly; please insert date of last pay day.

| FEE DESCRIPTION            | ANNUAL AMOUNT IN ADVANCE (x1) | QUARTERLY IN ADVANCE (x4)                                  | MONTHLY (x12)                                     | FORTNIGHTLY (x26)        | WEEKLY (x52)   |
|----------------------------|-------------------------------|--|---|--------------------------|----------------|
| Due Date                   | 1 <sup>st</sup> February      | 1 <sup>st</sup> or 20 <sup>th</sup> of Jan, Apr, Jul & Oct | 1 <sup>st</sup> or 20 <sup>th</sup> of each month | Wed or Thurs Date: _____ | Wed / Thurs    |
| Attendance Dues            | \$1,600.00                    | \$400.00   | \$133.34  | \$61.54                  | \$30.77        |
| Special Character Donation | \$600.00                      | \$150.00   | \$50.00   | \$23.08                  | \$11.54        |
| <b>Total</b>               | <b>\$2,200.00</b>             | <b>\$550.00</b>  | <b>\$183.34</b>                                   | <b>\$84.62</b>           | <b>\$42.31</b> |

\*This voluntary donation is tax deductible with a receipt issued in April for the financial year end 31 March

7 **Term in Advance paid by Direct Credit (date)** \_\_\_\_\_.

If you have any queries, please contact the administrator below.

**Where fees remain unpaid and no alternate arrangement has been made between the Proprietors (NZCPT) and family, we agree to pay any debt collection fees, should our account be referred to a debt collection agency.**

### 8 SIGNED

Parents/Payers: .....

Date: .....

Email Selena Codlin [selena@nzcpt.nz](mailto:selena@nzcpt.nz)  
NZ Charity No. CC39652

[www.nzcpt.nz](http://www.nzcpt.nz)

### Explanation of NZCPT Forms

1. This top section needs to be completed by the person/s paying the student/s attendance dues and special character donation. All accounts will be addressed to the payer.
2. Please complete your child/children's details:
  - Student's full name (first, middle & surname)
  - If they are male (M) or female (F).
  - Date the child/children were born.
  - The year level of the student/s when starting at this school.
  - The date the student/s will be starting at this school.
3. Please complete father's full name, address, email address and telephone numbers.
4. Please complete mother's full name, address, email address and telephone numbers.
5. Please tick if you have a child/children already attending this school. This will authorise NZCPT to increase your existing Direct Debit payment plan to include the new student/s fees. However, if you want to change the bank account the payment is being processed from, a new direct debit authority will need to be completed and signed.
6. NZCPT collect payment of attendance dues and special character donation by Direct Debit. Please put a tick next to the rate (Attendance Dues only or TOTAL which includes the Special Character Donation) to be included in your payment under the frequency you would like your direct debit processed. If you select quarterly or monthly, please circle either 1<sup>st</sup> or 20<sup>th</sup> to indicate your preferred date. For fortnightly, please insert the date of your last pay so your Direct Debit can start the next business day on the corresponding fortnight a payment is due. Please circle the day of the week you prefer weekly payments, if you are unsure, we recommend the next business day after your regular income is deposited.
7. When enrolling your child/children at this school, a Term in Advance payment is required to confirm placement and will cover the first term. Please process a direct credit payment to: New Zealand Christian Proprietors Trust ASB bank account 12-3107-0061704-04 using your child's surname, first name and start date as references. Please write the date this payment was made so we can match your deposit to this registration form.
8. The document is to be signed by both parents/or the person/s paying the attendance dues.

### Explanation to Direct Debit Authority

9. Please list the student/s full name/s the payment will be covering
10. Please complete the name of the account the payment is to come from ie A B & C D Surname
11. The bank account number payment is to come from. Please check with your bank to see if a direct debit can be processed from the account.
12. The bank and branch your account is held ie Bank = ASB, ANZ, BNZ, KiwiBank, TSB, Westpac, etc, Branch = location in a Suburb/Town, Address = PO Box of your banks branch
13. Insert today's date
14. Name of the bank account the payment is to come from (not the type of account).
15. To be signed in pen by the account holder/s, the same as the signature held at your bank. (please note that digital signatures are not accepted by the bank)

## **DIRECT DEBIT INFORMATION**

A Direct Debit is an instruction from you to your bank, authorising NZCPT to collect payments from your account when they are due.

The bank needs a signed authorisation from you to set up a direct debit. Most everyday bank accounts allow a direct debit to be set up, but some account types do not. Check with your bank if you are unsure whether your account allows direct debits, and whether a fee for establishment will be charged.

Because you don't have to do anything, a direct debit reduces your chances of missing a payment. A direct debit is generally for the same amount each time, but the amount can change if there is the need for an adjustment.

You need to:

- give approval for the direct debit to be set up.
- make sure you have enough money in your account for each payment.
- let NZCPT know if your bank account details change and complete a new authority.
- provide notice to NZCPT regarding cancelling a direct debit.

If there is not enough money in your account to make a payment, the bank can:

- make the payment anyway and charge you overdraft fees or interest.
- dishonour the payment and you might be charged a dishonour fee by the bank.

NZCPT will:

- send the signed direct debit authority form to your bank.
- notify you of the specific amount to be debited from your account on each occasion.
- give you at least 10 days' notice before debiting the first payment.
- charge a cancellation fee of \$5.00 to stop any pre-scheduled payments
- amend our records when you submit a change of account authority.

If a payment dishonours, NZCPT will:

- on-charge the bank fee incurred by NZCPT due to the failed transaction.
- notify you the payment has dishonour and seek to recover the missed payment.

Payments are based on the enrolment of a student to the school therefore the cost is spread evenly over the calendar year with direct debits drawn from January to December. This means payments are continuous and do not stop unless a student graduates or withdraws. Please be aware payments will occur even when the school is physically closed.

- Annual – 1 payment due in full on 1<sup>st</sup> February each year
- Quarterly – 4 payments, one due in January, April, July & October each year
- Monthly – 12 payments, one due each month of the year
- Fortnightly - 26 payments, one due every second week of the year
- Weekly – 52 payments, one due each week of the year

**KingsGate School**

Family Key: \_\_\_\_\_ 9 Student/s Name: \_\_\_\_\_

10 Name of account to be debited:

**AUTHORITY TO ACCEPT DIRECT DEBITS**  
  
(Not to operate as an assignment or an agreement)

11 Account details:

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank                 |                      | Branch               |                      | Account Number       |                      |                      |                      | Suffix               |                      |                      |                      |

To: The Manager, (Please Print Full Postal Address Clearly for Window Envelope)

12 Bank Branch

.....

Address (P O Box)

.....

Town/City

.....

**AUTHORISATION CODE**

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 9 | 9 | 2 | 4 |
|---|---|---|---|---|---|---|

13 Date \_\_\_\_\_

I/We authorise you until further notice in writing to debit my/our account with you all amounts which

**NEW ZEALAND CHRISTIAN PROPRIETORS TRUST**

(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

**INFORMATION TO APPEAR IN MY/OUR BANK STATEMENT:**

Payer particulars

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Payer code

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Payer reference

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

NAME OF BANK ACCOUNT

14 \_\_\_\_\_

15 \_\_\_\_\_

AUTHORISED SIGNATURE(S)

**FOR BANK USE ONLY**

|                                      |   |                   |
|--------------------------------------|---|-------------------|
| <p>Approved</p> <p>0992<br/>1/09</p> | <p>Date Received</p> <p>Recorded by</p> <p>Checked by</p> | <p>Bank Stamp</p> |
|--------------------------------------|---|-------------------|

## CONDITIONS OF THIS AUTHORITY

### 1. The Initiator:

#### (a) Regular Debits

The Initiator undertakes to give written notice to the acceptor of the commencement date, frequency and amount at least 10 calendar days before the **first** Direct Debit is drawn. This notice will be provided either:

- (i) in writing; or
- (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the regular Direct Debits, the Initiator has agreed to give advance notice *at least 30 days before* the changes come into effect. This notice must be provided either:

- (i) in writing; or
- (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

### 2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank *prior* to the Direct Debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1 (a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

### 3. The Customer acknowledges that:

- (a) This authority will remain in full force and effect in respect of all Direct Debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- (d) The Bank accepts no responsibility or liability for the accuracy of information about payments on Bank Statements.
- (e) The Bank is not responsible for, or under any liability in respect of:  
- any variations between notices given by the Initiator and the amounts of Direct Debits.  
- the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for the payments is a person other than me/us is a matter between me/us and the debtor concerned.

### 4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.