Form no. 2

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family name and given name

Tel. no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of back where account is held:

Name of bank \_\_\_\_\_\_\_\_\_\_\_\_ Branch no. \_\_\_\_\_\_\_ Account No. \_\_\_\_\_\_\_\_\_\_\_\_ (for refund purposes)

**Method of payment:**

Please select one of the following payment methods - mark with X

Please note that if tuition fees discrepancies are generated following changes or the addition of courses, the college may charge the difference.

Debit dates: every 16th of the month, from November 2020.

**Credit card standing order**: (Diners credit cards will not be honored) Please fill in the credit card details in full:

Credit card number:\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Card expiry date: \_\_\_\_\_/\_\_\_\_

Name of card bearer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Number of installments: 1-6 \_\_\_\_\_\_\_\_\_\_

I undertake to notify the college of any change in the number/validity of the credit card, or its cancellation/replacement.

2 semesters - up to 6 index linked interest free payments. For students taking only 1 semester - up to 3 index linked interest free payments.

**Bank standing order:**

Please send a copy of the signed standing order to the fax number of email address below.

Attached is a standing order signed by the bank which will be valid for the full period of my studies, unless I notify otherwise.

Name of bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch no. \_\_\_\_\_\_\_\_\_ Account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Number of installments: 1-6 \_\_\_\_\_\_\_\_\_\_

There is a standing order from a previous year. Please use it for the current school year.

**Payment of tuition fees by means of a discharged soldiers’ deposit**

Please note the amount of the deposit available to you: NIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select an additional method of payment which we could use should the deposit not be sufficient to cover the tuition fees.

**In any case of a refund of the deposit, the study institution must refund the monies directly to the bank where the student’s deposit is held, and not to the student.**

* I hereby confirm, by applying my signature below, that I have read the tuition fees regulations published on the College web site and in the student portal, and I agree to everything said in them.

Please send the signed form by fax, to: 077-5653719, or by email to: [inbalb@kinneret.ac.il](mailto:inbalb@kinneret.ac.il)

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Date Student’s signature