



Thornlie Senior High School PAYMENT PLAN AGREEMENT

Parent/Guardian Information (making agreement):

Name:

Address:

Suburb: State: Postcode:

Email Address:

Phone No.: Alternative Phone No.:

Student/s Information:

Student's Name: Year: Owed: \$

Student's Name: Year: Owed: \$

Student's Name: Year: Owed: \$

TOTAL AMOUNT OWING: \$ 0.00

Do you want this to be an ongoing deduction after the above amount has been paid?
Tick the box for 'YES'

Direct Debit Installment Details

Complete the following card details:

Card Number

Expiry Date:

CVV:

Name on Card:

Frequency

* Select Instalment Frequency

Instalment Amount

Date of Commencement

End Date of Payment Plan

I, _____, agree to this payment plan agreement and will ensure all payments are successfully processed.

Parent/Guardian Signature: _____ Date: _____