



# PAYMENT PLAN AGREEMENT



## Parent/Guardian Information (making agreement):

<b>Name:</b>					
<b>Address</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Email Address</b>					
<b>Phone Number:</b>					

## Student/s Information:

<b>Student's Name:</b>		<b>Year</b>		<b>Owed</b>	
<b>Student's Name:</b>		<b>Year</b>		<b>Owed</b>	
<b>Student's Name:</b>		<b>Year</b>		<b>Owed</b>	
<b>TOTAL AMOUNT OWING: \$</b>					

## Direct Debit Installment Details

Complete the following card details:

**Card Number**

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**Expiry Date:**

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**CVV:**

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**Name on Card:**

\_\_\_\_\_

**Frequency**

**Instalment Amount**

**Date of Commencement**

Number of Instalments or End date:

**Do you want this to be an ongoing deduction?**

*(Including any amount noted above has been paid?) Tick the box for 'YES'*

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

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By ticking this box, I agree that I authorise this Payment Plan online