ORNLIE S THENCAGE INSPIRE ACHIE

PAYMENT PLAN AGREEMENT

Parent/Carer Information (making agreement):

Name:			
Address:			
Suburb:	State:	Postcode:	
Email Address:			
Phone Number:			

Student/s Information:

Student's Name:	Year	Owed	
Student's Name:	Year	Owed	
Student's Name:	Year	Owed	
	TOTAL AMOL	INT OWING: \$	

Card Number:	Complete the follo	
Expiry Date:	CVV :	Name on Card:
Frequency	Instalment	Amount Date of Commencement
Number of Instaln	nents or End Date:	

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

Parent/Carer Signature: _____ Date: _____