PAYMENT PLAN AGREEMENT

Parent/Guardian 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 AMOUNT OWING: $		

☐ **Card Details**

16 digit card number

Expiry Date / CVC / Name on Card

OR

☐ **Bank Details**

BSB / Account Number

Name on Account

This section must be completed

Frequency	Instalment Amount	Date of Commencement

Select one of the following:

Ongoing ☐ **End Date** _____ **No. of Instalments** _____

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

Parent/Carer Signature: _____ Date: _____