

PARENT PAYMENT PLAN APPLICATION

STUDENT NAME:	HOME GROUP:
PARENT NAME:	PHONE:

AMOUNT OWING FOR:	ESSENTIAL ITEMS	\$
	CAMP	\$
	LOCKER	\$
	LOCK	\$
	ELECTIVES	\$
	OTHER	\$
	TOTAL	\$

OPTION 1 (DEBIT / CREDIT CARD)

I hereby authorise the Direct Debit of agreed payments of \$ _____ on 20th of each month commencing on 20 / / .

Card Number:

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Cardholder's Name: _____ **Date:** _____

Cardholder's Signature: _____ **Expiry Date:** / /

OPTION 2 BPAY



Billers.....

Ref No.....

I hereby agree to pay \$ _____

Weekly
 Fortnightly
 Monthly

Signed: _____ **Date:** / /

(Parent / Guardian)

Signed: _____ **Date:** / /

(Business Manager / Finance Officer)

Payment History	Date	Amount	Balance		Date	Amount	Balance
