

Payment Plan Arrangement



School Fees & Charges

PARENT/GUARDIAN:

Name: _____

Address: _____

State: _____ Postcode: _____ Phone: _____

STUDENT/S:

Name: _____ Yr: _____ Total amount: \$ _____

Name: _____ Yr: _____ Total amount: \$ _____

Name: _____ Yr: _____ Total amount: \$ _____

INSTALMENT OPTIONS:

The payment amount will be the total amount on the Annual Fee Statement divided by the instalment option selected below, with final payment in the month of December.

- Weekly payments – select a date to start
- Fortnightly payments – select a date to start
- Monthly – select a date to start
- Per Term – 4 x Payments in February/April/July/October

Commencement date: _____ / _____ / _____

PAYMENT OPTIONS:

1. Credit Card

Name on Card: _____ Mastercard Visa

Card Number: _____ / _____ / _____ / _____ Expiry: _____ / _____

2. Direct Debit Instalments

Please complete and return the school's Direct Debit Request (DDR) Form – available via download from our website www.margaretrivershs.wa.edu.au.

Declaration:

I/We authorise Margaret River Senior High School to arrange for funds to be debited from my/our nominated bank account by Direct Debit, Credit Card for the payment of school fees and charges, in accordance with the terms described on our Direct Debit Service Agreement.

Signed: _____ Date: _____

3. BPAY

Biller Code: 479 733

Customer Reference: (Use the reference number on your child's Charges and Contributions Statement)

4. Direct Deposit to Margaret River Senior High School Account

Please make payment from your bank account to Margaret River Senior High School Account:

BSB: 066-040 Account No – 1990 8323 Customer Reference: (*your child's name*)

AUTOMATIC RENEWAL:

Do you wish to continue the selected payment method automatically each year without the need to complete a new form?

Yes - I/we acknowledge this may result in an increase or decrease to the instalment amounts each year.

No – cease at end of school year.

I/We acknowledge that any alteration or cancellation or changes to this agreement must be made in writing to: margaretriver.shs.accounts@education.wa.edu.au

NAME: _____

SIGNATURE: _____

DATE: ____ / ____ / ____

OFFICE USE ONLY

Date Received: _____

Received by: _____

Instalment Amount: _____

Total: _____

Date entered: _____

Signature: _____