

# Payment Plan Arrangement



## School Fees & Charges

### PARENT/GUARDIAN:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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
- Fortnightly
- Monthly
- Quarterly

**Payment Amount:** \$ \_\_\_\_\_ **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](http://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](mailto:margaretriver.shs.accounts@education.wa.edu.au)

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Instalment Amount: \_\_\_\_\_

Total: \_\_\_\_\_

Date entered: \_\_\_\_\_

Signature: \_\_\_\_\_