



## MARGARET RIVER SENIOR HIGH SCHOOL

*Independent Public School*

158 Bussell Highway, Margaret River, W.A. 6285

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ABN 70 847 797 698

Principal: Andrew Host B.Ed., Dip. Ed.

### PAYMENT PLAN AGREEMENT FORM

I \_\_\_\_\_ parent / guardian of \_\_\_\_\_ wish to apply to pay for our child's balance of \_\_\_\_\_ on the following term:

Monthly ☐

Fortnightly ☐

Weekly ☐

☐ I agree to bring the amount of \$ \_\_\_\_\_ into MRSHS Admin Office.

☐ Credit Card - I hereby authorise MRSHS to charge my credit card with the amount of \$ \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorised Cardholder*

☐ Direct Debit – Please complete Direct Debit Form

☐ I agree to set up a direct deposit to the amount of \$ \_\_\_\_\_ into MRSHS bank account

Bank Account details:

BSB Number: 016-520

Account Number: 1083 88617

**With a payment plan as below:**

☐ one payment on \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Instalments as detailed in the table below.

Amount	Due Date	Amount	Due Date	Amount	Due Date

1. I commit to pay MRSHS all payments detailed in this payment agreement by the established deadline.
2. All payments will be applied to past debt first.
3. Please note failure to adhere to the above commitment & payments may result in referral to a debt collection agency.

***I have read and understood the description of this Payment Agreement Plan and I agree to the terms of the Agreement.***

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date