



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