



MARGARET RIVER SENIOR HIGH SCHOOL

Independent Public School

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

Phone: (08) 9757 0700 Fax: (08) 9757 2253

Email: MargaretRiver.SHS@education.wa.edu.au Website: www.margaretrivershs.wa.edu.au

ABN 70 847 797 698

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

SET AND FORGET INSTALMENT PLAN YEARS 9-12

Parent Name: _____

Contact Number: _____

Student Name: _____ Form: _____

Outstanding Amount: \$ _____ (please call 97570700 if you need confirmation of the amount)

Statements are mailed out to all families mid Term1. If you are unable to pay your account in full by the end of Term 1 then a payment arrangement must be formalised by completing Section 1 or 2 and returning to Administration.

If this method of managing your account does not suit your circumstances, please do not hesitate to contact the school on 9757 0700 or email Accounts.MargaretRiver.SHS@education.wa.edu.au

OPTION 1: Our preferred method.

An instalment plan, through COMPASS. Please complete the Credit Card details below. We will set this up for you.

Name of Cardholder: _____ Mastercard/Visa please circle.

Card Number: _____

Expiry Date: _____ CCV _____

Date debits to commence: _____ Amount to be debited each fortnight: \$ _____

Please email Accounts.MargaretRiverSHS@education.wa.edu.au should any of these details change.

OPTION 2: Fortnightly direct debit, you will need to set this up from your bank account.

\$ _____ per fortnight starting on: _____

Bank Account details are:

BSB: 016-520

Account No – 1083 88617

Please use student name as reference.

I acknowledge that the school Charges and Contributions for my child will be paid in full by the end of the school year based on the above payment schedule. I will contact the school in writing should I be unable to commit to this agreement. Please note failure to adhere to the above commitment & payments may result in referral to a debt collection agency.

NAME: _____ SIGNATURE: _____ DATE: _____