



PAYMENT PLAN

Request and Authority to debit account

1. Student's names:

2. Name of person responsible for payment of invoices:

.....

3. I agree that I am indebted to Greenwith Primary School for the sum of \$..... being for the following:
(please provide details of invoices and amounts)

.....

.....

4. Frequency of payment: Weekly / Fortnightly / Monthly

5. Start date:/...../.....

6. Amount of each payment (minimum of \$20.00) \$.....

7. ACKNOWLEDGMENT

By signing and providing information regarding my bank account details I have understood and agree to the terms and conditions governing debt arrangements between myself and Greenwith Primary School as set out in this Request and in the Service agreement

Signature:

Date :

Name:

Address:

Phone number:

Email address:

8. Bank account details:

Financial Institution name:.....

Name on account:.....

BSB:.....

Account number: