|  |  |  |  |
| --- | --- | --- | --- |
| **ISABELLA STATE SCHOOL APPLICATION TO PAY BY INSTALMENTS** | | | |
| The purpose of this form is to document your payment plan option  **This form must have school approval** | | | | |
| **Student Name** | **Invoice number / description e.g. SRS, Music** | **Roll class** | **Invoice amount** | |
| 1. |  |  | $ | |
| 2. |  |  | $ | |
| 3. |  |  | $ | |
| 4. |  |  | $ | |
| 5. |  |  | $ | |
|  |  | **TOTAL** | $ | |

**Payment Plan**

**I will make payments by**:  ***(Tick Options)***

**PART D**

Direct Debit ⇨ Credit card / debit card / bank account - *(complete details below)*

Centrepay *(Contact the office first for Centrepay application form)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PAYMENT BY (Direct Debit) CREDIT / DEBIT CARD / Bank account** | | | | | | | |
| *(Bpoint direct debit) -* ***Please phone or email*** *the school’s AR Officer (*[*jknip6@eq.edu.au*](mailto:jknip6@eq.edu.au)*) for details* | | | | | | | |
| I will make |  | (number of EQUAL payments – *No less than 2*) of $ | | |  | |  |
| weekly  fortnightly | | | |  | |  | |
| 1st payment will start on ….…./……./……. *(allow one week for processing)* | | | | | |  | |
| My email address is: | | |  | | |  | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| PARENT/CAREGIVER NAME: |  | PHONE NUMBER: |  |
| **PARENT SIGNATURE:** | ***I am aware that if payments under this plan fall behind, debt recovery action/s will be initiated*** | | |
| **✍ DATE:** ……./……./……. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office use | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| CRN NUMBER: | 1 | 7 | 2 | 1 | 0 | 0 | 0 | 0 | |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | |
| INVOICE NUMBER |  | | | | | Number of payments: | | |  | | Start date: | |  | | |
|  | | | | | | | | | | | | | | | |
| INVOICE NUMBER |  | | | | | Number of payments: | | |  | | Start date: | |  | | |
|  | | | | | | | | | | | | | | | |
| INVOICE NUMBER |  | | | | | Number of payments: | | |  | | Start date: | |  | | |
|  | | | | | | | | | | | | | | | |
| INVOICE NUMBER |  | | | | | Number of payments: | | |  | | Start date: | |  | | |