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| **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)*

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| **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**) 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:** ……./……./……. |

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| 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: |  |