



# INSTALMENT AGREEMENT

## Short Term

Statements are mailed out to families mid Term 1. If you are unable to pay your account in full by the end of Term 1 a payment arrangement can be formalised by completing Section 1 and Section 2 and returning this to [Duncraig.SHS.Payments@education.wa.edu.au](mailto:Duncraig.SHS.Payments@education.wa.edu.au)

Parent Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Form: \_\_\_\_\_

<b>SECTION 1:</b> Payment options (please refer to your Charges & Contributions Statement for amounts due) Please circle your preferred option.			
OPTION A	FORTNIGHTLY	20 EQUAL PAYMENTS	\$
OPTION B	MONTHLY	10 EQUAL PAYMENTS	\$

Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

<b>SECTION 2:</b> We manage instalments via BPoint. Should your circumstances change please do not hesitate to contact the school on 6241 5457 to discuss alternative payment methods.
Credit/Debit Card Details
Name of Cardholder: _____ Mastercard / Visa (please circle)
Card Number: _ / _ / _ / _ / _ - _ / _ / _ / _ / _ - _ / _ / _ / _ / _
CCV: _____ Expiry Date: _____
Date Debits to be made on: _____
<b>(Please inform the Finance team if your Credit/Debit Card details change)</b>

*(In the event of failure to meet this agreement your details may be forwarded to an outside collection agency.)*

### DECLARATION:

I/We hereby acknowledge my intention that the school Charges & Contributions for my child will be paid in full by the end of the School Year based on the above payment schedule. I/We will contact the school in writing should I/We be unable to commit to this arrangement.

**PARENT/GUARDIAN SIGNATURES**

**DATE**

\_\_\_\_\_

\_\_\_\_\_