



PAYMENT PLAN

I, _____ agree to make _____ number of payments of \$ _____ via: **(please circle)**

School Finance Office / Internet Banking / BPoint commencing _____ until full amount is paid.

Student Name	Invoice Number/ Description	Amount
		\$
		\$
		\$
		\$
TOTAL AMOUNT		\$

Payment Plan

Date	Agreed Payment Amount	Receipt Number	Actual Amount Paid	Balance Remaining

Parent/Carer Signature		Date	
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Principal Approval		Date	
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