

PAYMENT PLAN AGREEMENT FOR OUTSTANDING CHARGES

I				agree to make payments to
(Please print full name)				
Joseph Banks Secondary College for the sum of \$				and that I will pay this sum in
accorda				
			(Plea	ase print full name and contact class)
a)	I will pay an inst	alment of \$	every	
			_	(e.g. monthly, fortnightly, weekly)
b)	For: (e.g. uniform, fe	ees, camp, etc.)		
c)	The first instalment must be received by the school no later than 3:00pm on the			
	agreed date			
d)	Every following instalment must be received by the school no later than 3:00pm according to the agreed schedule until the full amount of the debt is paid.			
e)	Should two instalments not be paid as agreed, the school may, without any further notice, cancel this agreement and refer my outstanding charges to an external agency. (Please note this action may be taken for outstanding charges only. This does not include voluntary payments or contributions).			
f)	I agree to notify the school immediately if I change contact details. I understand that, if I do not notify the school of such a change, the school may, without further notice cancel this agreement and refer my outstanding charges to an external agency.			
g)	In the event of my child leaving Joseph Banks Secondary College I understand that this agreement will still apply until the amount of the debt is paid.			
h)	This agreement will only be operative if a signed copy is approved by the Principal before the date agreed.			
Payment Method		: Cash/EFTPOS/Credit	Card at M	ain Reception
		Credit Card over the P	hone	
		Direct Deposit in to Co	llege Ban	k Account
Name:				(Parent/Guardian)
Signed:				Date:
This agreement is approved by the Principal of Joseph Banks Secondary College				
Principal:				Date:
		Eleanor Hughes		