

A separate application form must be completed for each student and each invoice to be paid under the payment plan.

Information	Values
CRN (Enter: Customer 13 digit CRN *If incorrect the payment will not be accepted)	
Invoice Number (Enter: Invoice number related to payment plan)	
Student Name (Enter: Student Name related to payment plan. *Ensure name is no longer than 20 characters)	
Schedule Amount (Enter: Agreed amount between the customer and the school. *Max amount is \$499.99 per instalment)	
Frequency (Tick option)	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Start Date (Choose: Payment plan start date, a week from today's date. *This will allow time for the customer to accept and register the payment terms.)	
Number of Payments (Choose: Number of payments agreed with the customer. *Only between 2 and 30)	

I _____ understand that I must make the required payments as per my payment plan. Failure to make recurring payments may result in exclusion from the Student Resource Scheme, Laptop Program and extra-curricular activities and result in debt recovery action. I agree to inform the College Administration (5540 9333) should I be unable to make a payment as per my Payment Plan, and agree to pay as soon as possible. I understand I must give at least 72 hours' notice of cancellation of this eDDR agreement and that this agreement is only valid for 12 months from the date of the first deduction.

I understand that this Payment Plan will remain confidential and the details recorded are for identification purposes only and will not be communicated to third parties without your permission.

Parent Name: _____

Parent Signature: _____ Date: _____

Business Manager: _____ Date: _____

- Office Use:
- entered into Orchestra
 - entered into eDDR
 - Parent submitted registration (attach copy of report)