

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)		Year
Schedule Amount (Enter: Agreed amount between the customer and the school.)		
Frequency (Tick option)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly
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.)	<input type="checkbox"/> No End Date	
You will receive a link to BPoint to put your bank details in once the school has entered the above payment details		

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, 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 / Guardian:			
Signature:		Date	

Business Manager:			
Signature:		Date	

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