

INNISFAIL STATE COLLEGE PAYMENT PLAN AGREEMENT



YR	Student Given Name	Student Surname	Fee Payment For (i.e. SRS, Camp, Subject)	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL				\$

<input type="checkbox"/> Centrelink Deduction (<i>please complete Centrepay Deduction Authority</i>) <input type="checkbox"/> Direct Debit <input type="checkbox"/> Cash/Cheque/EFTPOS		DEPOSIT AMOUNT \$ _____
Negotiated Instalments <input type="checkbox"/> Weekly over _____ weeks <input type="checkbox"/> Fortnightly over _____ weeks		
ESTIMATED TOTAL TO BE PAID	\$ _____	
INSTALLMENT AMOUNT PER PAYMENT	\$ _____	
NUMBER OF INSTALMENTS	_____	
DATE OF FIRST PAYMENT	_____	

By signing this agreement I commit to making payments to Innisfail State College as specified above.

Parent/Carer Details			
Full Name :	_____		
Contact Details : <i>(i.e. Phone/Email)</i>	_____		
Signature:	_____	Date:	_____