



## Direct Debit Application

Student Details			
First Name	Last Name	House	Year Level

Invoice Details	
Invoice Number	
Invoice Description e.g SRS, Activity	
Invoice Amount	

Payment Plan Details				
Start Date:		Amount (\$10-\$499)		
Frequency	Weekly    Fortnightly    Monthly	Number of Payments		

Agreement
<p>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. I agree to inform the College Administration (3016 8888) 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.</p> <p>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 my permission.</p>

Parent Signature	
Parent Name	Parent Signature
	Date

School Use Only	
PP Approved by	
Notes	