DARLING RANGE SPORTS COLLEGE
117 Berkshire Road
Forrestfield WA 6058
Telephone: 9453 0100
Facsimile: 9453 1464
darlingrangesc.wa.edu.au

AGREEMENT TO PAY BY INSTALMENT

In accordance with the Darling Range Sports College Contributions and Charges Policy,

I (Parent/Guardian's Name),_____

(Student Name's name) _____ Year _____

hereby agree to make payment in **full by the end of Term 3** in instalments of

$ _____ per week / fortnight / month. Starting Date :_____

Should I experience financial difficulty in making these payments, I agree to contact Lisa Viskovich in Finance on 9453 0114 to make alternative arrangements.

Parent/Guardian Signature _____

❒ BPoint / Credit Card

				-					-					-				

Card holder name:	Amount: $	Expiry: ___ ___ / ___ ___
Card holder phone:	Card: MasterCard / Visa	CVN: ___ ___ ___
Email Address:		

❒ Direct Deposit Darling Range Sports College
BSB: 066 177
Account No: 1003 5232

Please email remittance to Lisa.Viskovich@education.wa.edu.au listing name of student as a reference.

(Office Use Only - Entered into BPoint by : _____ DATE: ____ / ____ / ____)

DATE	RECEIPT	AMOUNT	BALANCE DUE	INITIALS

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