

2021 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 on 9453 0114 to make alternative arrangements.

Parent/Guardian Signature: _____ Date: _____

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