

**WHITES HILL STATE COLLEGE
PAYMENT SCHEDULE AGREEMENT**

I have read, understood and agree to abide by the conditions pertaining to the Whites Hill State College Student Resource Scheme.

To enable me to participate in the scheme I wish to be able to make part payments for my student/s as listed below.

Student Surname	Given Name	Year Level

I wish to make part payments for the outstanding invoices as listed below.

Invoice No.	Invoice Name (eg Camp)	Amount
STATEMENT TOTAL		

I hereby agree to make part payments to Whites Hill State College.		
Payment of \$	Frequency: Weekly/Fortnightly/Monthly	Commencing:
Method of payment		
I wish to pay by: <input type="checkbox"/> Bpoint <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Centrepay <input type="checkbox"/> Direct Debit (below)		

Direct Debit Details Account Name: Whites Hill State College BSB: 064104 - Comm Bank of Australia Account Number: 00090061 Reference Eg: 123456789Q PP Student's EQID No. and PP (payment plan). (for multiple students use one student's EQID and the payments can be distributed against all siblings)	Centrepay details: Business name: Whites Hill State College Business Address: PO Box 42, CARINA QLD 4152 Business Centrelink Reference Number: 555 063 682 (please use these details to set up online or through the Centrelink, alternatively please contact the finance office and they can set up a centrepay direct debit on your behalf.)
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I also understand in accordance with the terms and conditions of the Student Resource Scheme, participation in the scheme may be terminated if:

- No satisfactory arrangements for payment have been made
- The Parent/caregiver has not attempted to make payment.

For your information a statement of account will be emailed or posted to you twice a term.
If you are unable to meet a payment date please contact the school finance office on 3900 8304.

Parent/Caregiver Name:

Parent/Caregiver Signature: Date:

Approved by:
(Pru Dickey – Office Manager)