

**CHINCHILLA STATE HIGH SCHOOL  
PAYMENT SCHEDULE AGREEMENT 2017**

<b>Name of Parent responsible for Financial Matters</b>	
<b>Contact Phone Number</b>	

I have read, understood and agree to abide by the conditions pertaining to the Chinchilla State High School Student Resource Scheme. This *Payment Schedule Agreement* must be maintained for the student/s listed to retain access to resources and school activities.

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 request approval to undertake a payment plan for the activities as listed below.

**I agree** to make instalment payments weekly/fortnightly or monthly, ensuring that they are no less than Term 1: \$100, Term 2: \$100, Term 3: \$40 or as otherwise negotiated and approved by the school.

**I agree** to make payments by the due dates and I understand that any failure to make payments by these dates may result in debt recovery action being undertaken including, where warranted, referral to an external debt collection agency at my expense. I also understand in accordance with the terms and conditions of the Textbook & Resource Hire 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.

If difficulties are experienced in meeting the requirements of the Agreement please contact the School Office.

Date Commenced/ Amended	Initials	Activity/Invoice Details	Amount

Parent/Caregiver Name: ..... Parent/Caregiver Signature: .....

Approved by: ..... Date:.....  
(Principal/ Business Services Manager)

**I hereby agree to make payments by the payment option as indicated below:**

Method of payment
<p>I wish to pay by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Centrepay <input type="checkbox"/> Direct Credit <input type="checkbox"/> BPAY <input type="checkbox"/> BPOINT</p> <p>To the Administration Office, Chinchilla State High School, by the indicated method of payment. I agree to make payments as per the following schedule</p> <p><b>Payment Amount \$..... Frequency: WEEKLY/ FORTNIGHTLY/ MONTHLY</b></p> <p><b>First Payment to commence on: .....</b></p> <p><b>Final Payment to be received by .....</b></p>
I hereby make a commitment to credit Chinchilla State High School by automated transfer :
<p>BSB: 064-409      ACCOUNT NUMBER: 00090038      UNIQUE IDENTIFIER: _____</p> <p>Your Unique Identifier (located on your invoice/statement) must be quoted each time a transfer is made. If the Unique Identifier is not quoted responsibility to trace unidentified transactions will not be accepted by Chinchilla State High School.</p>

**Payment Plan Record**

Payment Date	Payment Number	Reason for Payment eg. Textbook	Amount Paid	Balance	Receipt Number
	Opening Balance		\$		\$
	1		\$		\$
	2		\$		\$
	3		\$		\$
	4		\$		\$
	5		\$		\$
	6		\$		\$
	7		\$		\$
	8		\$		\$
	9		\$		\$
	10		\$		\$
	11		\$		\$
	12		\$		\$
	13		\$		\$
	14		\$		\$
	15		\$		\$
	16		\$		\$
	17		\$		\$
	18		\$		\$
	19		\$		\$
	20		\$		\$
	21		\$		\$
	22		\$		\$
	23		\$		\$
	24		\$		\$
	25		\$		\$
	26		\$		\$
	27		\$		\$
	28		\$		\$
	29		\$		\$
	30		\$		\$
	31		\$		\$
	32		\$		\$
	33		\$		\$
	34		\$		\$
	35		\$		\$
	36		\$		\$
	37		\$		\$
	38		\$		\$
	39		\$		\$
	40				