AGREEMENT TO PAY BY INSTALMENTS



	Name of Student:		
Family Code:			
Craigr	nore High School Govern		
1.	I/we will pay an instalment of \$ every [week/fortnight/month]. The first instalment commences on [date]		
2.	Every following instalment must be in the hands of the Business Manager no later than 4:00pm according to the following schedule until the full amount of the debt is paid.		
3.	Total Amount owing: Number of payments: Payment method:	 Cash/Card Direct Deposit into CHS Bank Account BSB: 065-189 A/C: 010 142 178 Qkr! Payment App Bpoint Online Payment Portal Direct Debit Authorisation attached 	
4.	Should two (2) instalments not be paid on time, the Governing Council may, without any further notice, cancel this agreement and undertake legal proceedings to recover the sum outstanding.		
5.	I/we agree to notify the school immediately if I/we change my/our address or telephone number. I/we understand that if I/we do not notify the school of such a change, the school may, without any further notice cancel this agreement and commence legal action for recovery of the amount outstanding.		
6.	This agreement will only be operative if a signed copy of it is in the hands of the Business Manager before the date stated in Paragraph 2 above.		
Paren	t/Carer Name (please prir	nt):	
Signe	d:::		
Signe	d and agreed by Business	s Manager: Date//20	

