

BROADBEACH STATE SCHOOL Finance Payment Plan

Student name:				Class:	
Parent/s name/s:					
Contact phone:					
Contact email:					
This payment plan has b	een prepared to r	meet costs as	sociated with the	following a	ctivities:
Activity					Amount
TOTAL				[
It is agreed payments wi	ll be made as follo	ows:			
Frequency:	Weekly □	Fortnightly	□ Monthly □		
Payment amount:		Number of p	payments:		
Start date:		End date:	26 June 2020		
Payment method: □	Finance window	☐ Online	□ Centrepay		
I agree to the following to	erms and conditio	ns:			
 This payment plan is based on approximate costs of activities and events This payment plan will be cancelled with no further access to activities and events should payments not be received by the due dates without explanation This payment plan can be terminated through a one-off payment equal to the outstanding balance This payment plan can be adjusted and reissued in the event of withdrawing/adding activities or events 					
Approval:					
Parent/carer signature					
Business Manager signature:					
Dated:					

PAYMENT PLAN – RECORD OF PAYMENTS

Opening Balance	\$

Instalment #	Date	Amount	Balance	Instalment #	Date	Amount	Balance
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

Date Payment Plan Finalised:	
Admin Signature:	