

# Payment Plan Request for Charges & Contributions

Eastern Hills Senior High School

ABN: 33 285 443 039  
 A: Lot 289 Keane St East, Mount Helena WA 6082  
 T: (08) 9573 0300  
 E: EasternHills.SHS@education.wa.edu.au  
 W: www.ehshs.wa.edu.au/

## Section 1: Details of your child/ren

First Name	Surname	Year	Total amount to outstanding

Return completed application to our Front Administration office: Lot 289 Keane St East, Mount Helena WA 6082

## School Payment Plan for

2 0

## Section 2: Your Personal Details

**APPLICANT 1**

Title:  Mr  Mrs  Miss  Ms  Dr

Given name  Family name  Date of birth  /  /

Employer (Business name)  ACN or ABN (if self-employed)  Employer's contact no.

Residential address (required)  Suburb  State  Postcode

Home number  Work number  Mobile number  Email address

Postal address (if same as residential write 'as above')  Suburb  State  Postcode

**APPLICANT 2**

*If applicable*

Title:  Mr  Mrs  Miss  Ms  Dr

Given name  Family name  Date of birth  /  /

Employer (Business name)  ACN or ABN (if self-employed)  Employer's contact no.

Residential address (required)  Suburb  State  Postcode

Home number  Work number  Mobile number  Email address

Postal address (if same as residential write 'as above')  Suburb  State  Postcode

### Section 3: School Payment Plan Options

#### OPTION 1 CentrePay

Use **Centrepay** to arrange regular deductions from your Centrelink payment to pay for your school fees. You can start or stop using it whenever you like.

Centrelink Ref Number: **555 108 229J**. A User Details Form can be downloaded from the Dept Human Services website [form SA325] or collected from the school.

#### OPTION 2 Internet Banking (You must set this up with your bank directly)

**Bendigo Bank** details are Name: **Eastern Hills Senior High School** BSB **066040** Account No **19905907** Reference=**Student Surname, Initial, Form (eg SMITH J 802)**

Payment frequency: Weekly  Fortnightly  Monthly

#### OPTION 3 Phone or in person payments

Contact the school on 9573 0300 during school hours (8am-3:30pm Mon-Fri) with your credit card details or come into the Front Administration Office.

Payment frequency: Weekly  Fortnightly  Monthly

#### OPTION 4 Authority to Direct Debit Credit Card

Credit card number

Expiry Date:  /

Card holder name

**3** equal payments commencing on the next 10th of the month after this contract is dated

**5** equal payments commencing on the next 10th of the month after this contract is dated

**Please Note for OPTION 4:** Payments will be deducted on the 10th day of the month. Should this fall on a weekend, public holiday or school holidays it will be deducted on the first day the school opens after the 10th of the month.

### Section 4: Statement and Declaration

#### STATEMENT AND DECLARATIONS

##### Your Commitment to Us

It is your responsibility to ensure that:

- on the drawing date there is sufficient cleared funds in the nominated account (Credit Card Direct Debit option)
- you advise us if the nominated account is transferred or closed
- Changes to the Arrangement
- If you want to make ANY changes to the payment plan arrangements, contact the Eastern Hills Senior High School Finance Team on 9573 0300.
- I acknowledge my outstanding contributions and charges in the total amount of \$\_\_\_\_\_, to be paid in the following installments method indicated above. I acknowledge it is my responsibility to ensure payments are kept in accordance with the plan and full amount outstanding is paid

By signing this form I/We declare we have read and fully understood the terms and conditions of this payment plan and agree to adhere to them. We further understand that failure to comply with this payment plan will result in **Debt Collectors being used to recover the debt** from Term 3.

Print name: ..... Signature 1: ..... Date: ..... / ..... / .....

Print name: ..... Signature 2: ..... Date: ..... / ..... / .....

OFFICE USE ONLY

Acceptance by Eastern Hills Senior High School

**Applicant has been provided with a copy of the signed contract**

Initial \_\_\_\_\_

.....  
For Eastern Hills Senior High School

..... / ..... / .....  
Date