

Ellenbrook Secondary College Payment Plan

Parent/Carer Name: _____ Parent/Carer Contact Number: _____

Student Name _____ Year _____ Amount \$ _____

Student Name _____ Year _____ Amount \$ _____

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☐ Direct Deposit

Name: Ellenbrook SC BSB: 066 040 ACC: 19900778 Reference: Student Name/Number

I would like to direct deposit the Ellenbrook SC Bank Account the following amount \$ _____

☐ Weekly

☐ Fortnightly

☐ Monthly

Signature _____ Date _____

☐ Credit/Debit Card

Payments will automatically be deducted monthly by B-Point commencing March 2024.

Please ensure sufficient funds are available.

By signing this form, I authorise payments to be deducted from my Credit/Debit Card as outlined above. I understand that my Credit/Debit Card details will be lodged and stored securely with the bank and that Ellenbrook Secondary College will destroy my details once lodged.

Signature _____ Date _____

Full Name (as it appears on the card):

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Visa/MasterCard Expiry Date ____/____ CCV ____ Card Holder Signature _____