

## Payment Plan

### PARENT/CARER

Name		Contact	
------	--	---------	--

### CHILD/CHILDREN

	Name	Year	Amount (\$)
1.			
2.			
3.			

### DIRECT DEPOSIT DETAILS

Name	Ellenbrook SC	Reference	Student Name/Number
BSB No.	066 040	Account No.	1990 0778

### PAYMENT FREQUENCY

Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
--------	--------------------------	-------------	--------------------------	---------	--------------------------

### CREDIT/DEBIT CARD

**Please ensure sufficient funds are available.**

Full name (as it appears on the card)																	
Card Number																	
Card expiry date		/		CCV			Signature										
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									