

Purpose of Form - This form is used for any student requesting for payment plan.

First Name		Last Name	
Student ID		Request Date	
Mobile Number		Email Address	
Course Details			

Amount Owing	
Payment Frequency	<input type="checkbox"/> Monthly (\$____) <input type="checkbox"/> Fortnightly (\$____)
Payment Date	<i>1st of every month then fortnightly after that, for fortnightly payments</i> <i>1st of every month, for monthly payments</i>

Reason for Payment Request (please specify in detail the reason for applying)

Student Signature	Date
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Direct Debit Bank Details	
Account Name	
BSB Number	
Account Number	
Signature	



Payment Plan Form

***Note:** There will be a \$250.00 set-up fee for direct debits, which needs to be paid once the payment extension plan has been approved.

Certified By		
Name		
Position	Signature	Date

Office Use Only	Request Number	
Signature		Date
Notes		