



# Leongatha Primary School Payment Plan Agreement

## PAYMENT AGREEMENT

Parent Name \_\_\_\_\_

Student Name(s) \_\_\_\_\_

Payment is for \_\_\_\_\_

For Example: Parental Contributions, School Camp, Excursion

Total Amount Due \$ \_\_\_\_\_

I would like to pay the following Amount \$ \_\_\_\_\_

For example: \$10, \$20, \$50 (an amount of your choice) weekly, fortnightly or monthly.

Weekly  Fortnightly  Monthly  Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT METHOD** - Cash / Cheque / Credit

## CREDIT CARD PAYMENT AUTHORIZATION

Card Type  MasterCard  Visa

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Please return form to Helen Drury (Business Manager)**