

# Payment Plan Request for Charges & Contributions

Southern River College  
 ABN: 68 102 429 268  
 71 Southern River Road, GOSNELLS WA 6110  
 T: 9495 3200  
 E: southernrivercollege@education.wa.edu.au  
 W: www.southernrivercollege.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: 71 Southern River Road, Gosnells WA 6110

## 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  /  /

Driver's licence no. (attach a legible copy with current address)  Utility bill (attach a legible copy with current address)  Occupation/industry

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  /  /

Driver's licence no. (attach a legible copy with current address)  Utility bill (attach a legible copy with current address)  Occupation/industry

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 QKR using your mobile device

Phone/device App download QKR by MasterCard for iPhones/iPads or Android go to <https://qkr.mastercard.com/store/#/home>. Visit our website [www.southernrivercollege.wa.edu.au](http://www.southernrivercollege.wa.edu.au)

Payment frequency: Weekly  Fortnightly  Monthly

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

**Bendigo Bank** details are Name: **Southern River College** BSB **633-000** Account No **157 363 656**. Reference=**Name of student**.

Payment frequency: Weekly  Fortnightly  Monthly

#### OPTION 3 Phone or in person payments

Contact the College on 9495 3200 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

##### Disclosing Information to Other Organisations

The information Southern River College collects from you may be disclosed:

- in the normal course of business
- to a Debt Collection Agency (if payment plan agreement is not adhered to)

##### 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 Southern River College Finance Team on 9495 3200.

- 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 Southern River College

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

Initial \_\_\_\_\_

.....  
For Southern River College

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