INSTALMENT AUTHORITY TO PAY
2016 SCHOOL FEES by CREDIT CARD

(For instalments from CHEQUE or SAVINGS accounts please complete the Direct Debit Request (DDR) Form)

Bridgewater PRIMARY SCHOOL

STUDENT NAME/S	STUDIO #	TEACHER NAME/S

ADDRESS:

PARENT NAME:

PHONE:

TOTAL AMOUNT OUTSTANDING for School Fees: $ _____

I agree to pay the school fees by either (please tick) **:**

☐ **FOUR (one per term) instalments** **OR** ☐ **TEN (monthly) instalments**

Term 1 Payable by 26th February
Term 2 Payable by 20th May
Term 3 Payable by 12th August
Term 4 Payable by 4th November

Processed on the second Tuesday of each month (Feb-Nov)

SCHEDULE OF FEE PAYMENTS				OFFICE USE ONLY			
	Date	Amount		Payment Received	Receipt No.	Date	Balance
1st Payment							
2nd Payment							
3rd Payment							
4th Payment							
5th Payment							
6th Payment							
7th Payment							
8th Payment							
9th Payment							
10th Payment							
	TOTAL:	**$**					

I agree to pay the instalments by:

Please circle: **VISA / MASTERCARD / BANKCARD**

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Security Code: ☐☐☐ (last 3 digits on back of card) **Expiry Date:** _____ / _____

I hereby authorize Bridgewater Primary School to debit my credit/debit card with the above agreed payments for 2016 Material and Services Fees on the above dates.

Name of cardholder appearing on credit card: _____

Signature of cardholder: _____

Parent signature: _____ **Date**: _____

Principal signature: _____ Date: _____