

School Fee Payment Plan Contract

Family Name: _____ First Name: _____

Telephone: _____ Email: _____

Name(s) of Children: _____

Year Level (2019): _____

I agree to pay Helena River Steiner School fees for 2019 as detailed below:

Per Year: Total Fees \$ _____

Payment Options

Payment will be made (please take one only)

- | | |
|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Weekly | Amount per week \$ _____ |
| <input type="checkbox"/> Fortnightly | Amount per fortnight \$ _____ |
| <input type="checkbox"/> Monthly | Amount per month \$ _____ |

I have attached here evidence of a direct debit scheduled regular payment from my bank. I understand that payment of my account is my responsibility and I agree to pay all costs associated with the recovery of any unpaid fees.

I understand that all school fees must be paid in full by the 15th November each year.

Name of account holder

Name of office staff receiving agreement

Signature of account holder and date

Signature of office staff member and date