



Leongatha Primary School Flexible Payment Option Plan

PAYMENT PLAN

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 Date of first payment ___ / ___ / ___

Other (Please Specify)

PAYMENT METHOD - Cash / Cheque / Credit

CREDIT CARD PAYMENT AUTHORIZATION

Card Type MasterCard Visa

Cardholder Name _____

Card Number _____

Expiry Date ___ / ___ CVC _____

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)