



Payment Plan Application

(please complete in **BLOCK** letters)

1. Name and Details of Student

First Name: _____ Surname: _____

Academic Year at School in 2022: _____

2. Declaration and Agreement

I acknowledge my outstanding contributions and charges in the amount of \$_____, to be paid in the following instalments. I acknowledge it is my responsibility to ensure payments are kept in accordance with the plan and **full amount outstanding is paid by Friday, 1 July 2022:**

- \$50 per month/fortnight/week
- \$100 per month/fortnight/week
- Other amount per month/fortnight/week \$ _____

I will make my own payments via preferred payment method Qkr! commencing on _____



Phone/device App download Qkr by MasterCard for iPhones/iPads or Android

Computer go to <https://qkr.mastercard.com/store/#/home>

To make payments select Willetton SHS from 'Nearby Locations' or type Willetton

For payment enquiries email Willetton.SHS.Finance@education.wa.edu.au.

OR

I request the School to schedule payments from my credit card listed below commencing on the following date:

Credit Card Number:

Expiry Date:

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Name (On Credit Card):

Cardholder's Signature *(If electronic the name on the Credit Card will be checked against the Cardholder's email address on the Student's Account)*

Date Signed:

PARENT/GUARDIAN

First Name: _____ Surname: _____

Signed: _____ Date: _____

OFFICE USE ONLY

CARD HOLDER SIGNATURE WITNESSED BY:
OR IF SENT ELECTRONICALLY - VERIFIED AGAINST EMAIL ADDRESS ON STUDENT'S ACCOUNT BY:

SIGNED: _____ DATE: _____