

FAM CODE	
METHOD	
END DATE	

## AGREEMENT TO PAY DEBT BY INSTALMENTS

I/We agree that I/we am/are indebted to Salisbury East High School Governing Council Incorporated ("the School") for the sum of \$\_\_\_\_\_ for

Invoice/Details	Amount
<b>TOTAL</b>	<b>0</b>

and that I/we will pay this sum in accordance with the following terms:

- I/we will pay an instalment of \$\_\_\_\_\_ every week/fortnight/month [circle preference] the balance of \$\_\_\_\_\_ being the first payment made. Total Number of instalments \_\_\_\_\_.
- The first instalment must be in the hands of the Principal (or delegate) no later than 4.00 p.m. on \_\_\_\_\_ [day / date].
- Every following instalment must be in the hands of the Principal no later than 3:30 p.m. on \_\_\_\_\_ [e.g. every Monday / every second Monday / the 1<sup>st</sup> day of every month] until the full amount of the debt is paid on \_\_\_\_\_ (date).
- Should I/we experience difficulties in making payments I/we will contact the School's Finance Officer / Business Manager to make alternative arrangements.
- Should two instalments not be paid on time, the Governing Council may, without any further notice, cancel this agreement and undertake legal proceedings to recover the sum outstanding.
- I/we agree to notify the School immediately if I/we change my/our address or telephone number. I/we understand that, if I/we do not notify the school of such a change, the School may, without any further notice cancel this agreement and commence legal action for recovery of the amount outstanding.
- This agreement will only be considered if a signed copy of it is in the hands of the Principal (Delegate) before the date stated in Paragraph 2 above.
- This agreement is not operative until authorised by the Principal (Delegate).

Name: \_\_\_\_\_ (Parent/Caregiver)

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime contact phone number: \_\_\_\_\_

Email Address \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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www.sehs.sa.edu.au

CRICOS Provider Number: 00018A



Government  
of South Australia  
Department for Education

Name: \_\_\_\_\_ (Parent/Caregiver)

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime contact phone number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

Signed and agreed by Principal  
(Delegate): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Family Name**

\_\_\_\_\_

**Student(s) Details**

\_\_\_\_\_

**Surname**

**Given Name (s)**

**Year Level**

\_\_\_\_\_

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**Method of payment** (Please circle)

Direct Debit Or Bank Transfer	The direct debit instalment facility enables parents to complete an agreement with the school for the school to deduct an agreed amount each week, fortnight or month, from the parent's nominated bank account or credit/debit card, until the full debt is paid. ACCOUNT: Salisbury East High School Council Inc – Consolidated BSB: 065-122 ACCOUNT NUMBER: 11105055 REFERENCE: Family ID/ Inv Number
Online via SEHS Website and BPoint	The BPoint online payment system is accessed via the school's website: <a href="http://www.sehs.sa.edu.au">www.sehs.sa.edu.au</a> . Please note only Visa and MasterCard cards can be used. Payments can be made in full or by instalments using this facility.
EFTPOS/Cash/Cheque	At the Front Office
Centrepay	Centrepay is a direct bill-paying service offered to customers receiving amounts from Centrelink. Centrepay customers can choose to pay their bills by having an amount regularly deducted from their Centrelink payments and paid directly to the school on their behalf. An appointment with the Finance Officer is required or through Centrelink.