



PAYMENT PLAN AGREEMENT FORM – Upper School

Compulsory Charges	\$
Voluntary Approved Requests	\$
LESS Education Allowance	
LESS Clothing Allowance	
BALANCE DUE	\$

I _____ parent /

guardian of _____ student name

Year _____ wish to apply to pay for our child's

Compulsory Charges and Voluntary Approved Requests on the following term:-

Fortnightly ☐ Monthly ☐

☐ I agree to direct deposit the amount of \$ _____ into MRSHS bank account.

☐ I agree to bring the amount of \$ _____ into MRSHS Admin Office.

☐ I hereby authorise MRSHS to charge my credit card with the amount of \$ _____

Card No: _____ **Expiry Date:** ____/____/____

Name on card: _____ Phone: _____

Signature of Authorised Cardholder

Amount	Due Date	Amount	Due Date	Amount	Due Date

1. This agreement only applies to Compulsory Charges and Voluntary Approved Requests payable by you in respect of the student stated on the form. A new agreement must be made for each student.
2. I promise to pay MRSHS all payments detailed in this payment agreement by the established deadline.
3. All payments will be applied to past due Compulsory Charges first.
4. Failure to make payments as scheduled could jeopardize eligibility for future credit.

I have read and understood the description of this Payment Agreement Plan and I agree to the terms of the Agreement.

Parent/Guardian signature

Date

Principal/Registrar signature

Date