

# 2022 Contributions and Charges Payment Instalment Plan



ALKIMOS  
COLLEGE

## SECTION 1:

Parent Name:	
Parent Contact Number:	
Student Name (Please print):	

## SECTION 2: Please circle your option and indicate a nominated amount.

OPTION A	WEEKLY	AMOUNT \$
OPTION B	FORTNIGHTLY PAYMENTS	AMOUNT \$
OPTION C	MONTHLY PAYMENTS	AMOUNT \$

## SECTION 3:

Please complete all fields below. Payments will commence from your Credit/Debit card on the date you have indicated. If no date is indicated, your first payment will commence when the application is received.

Name of Cardholder (Please print): \_\_\_\_\_  
(Mastercard/Visa)

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

CCV (3 digits): \_\_\_\_\_

Expiry (Month/Year): \_\_\_\_/\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Date payments are to commence: \_\_\_\_/\_\_\_\_/20

Notification will be sent for declined payments. Please advise the school in writing if you are unable to make the agreed payment to [Alkimos.col.payments@education.wa.edu.au](mailto:Alkimos.col.payments@education.wa.edu.au) or contact 9561 7300.

## SECTION 4:

### Declaration:

I agree to make to above payment to the school for my child's educational program.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PLEASE PRINT NAME)

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
(DATE)