|  |  |  |
| --- | --- | --- |
| **Service Name:** |  | |
|  |  | |
| **Family Name:** |  | |
|  |  | |
| **Child/Children’s Name:** |  | |
|  |  | |
| **Invoice/Account Number:** |  | |
|  |  | |
| **Reason for Payment Plan:** | ☐ Financial hardship ☐ Unexpected circumstance ☐ Other: | |
| **Total Amount Owing:** | $ | |
| **Agreed Repayment Schedule** | | |
|  |  |  |
| **Start Date:** |  |  |
|  |  |  |
| **End Date (if fixed):** |  |  |
|  |  | |
| **Instalment Amount:** | $ | |
|  |  | |
| **Frequency:** | ☐ Weekly  ☐ Fortnightly  ☐ Other: | |
|  |  | |
| **Payment Method:** | ☐ Direct Debit  ☐ EFT  ☐ BPAY  ☐ Other: | |

**Ongoing Fees**  
Families agree to pay all **current/future fees** as they fall due, in addition to this repayment plan.

**Review Point**  
This plan will be reviewed on to confirm compliance and ongoing suitability.

**Consequences of Non-Compliance**  
If payments are not made as agreed and no alternative arrangement is reached:

* Care may be suspended or terminated.
* The account may be referred to external debt recovery/legal services.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Signatures** | | | |
| By signing, all parties confirm the above agreement | | | |
| Parent/Guardian  Name: |  | | |
| Parent/Guardian  Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Service Representative  Name: |  | | |
| Service Representative Signature: |  | Date: |  |