|  |  |
| --- | --- |
| **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:  |  |