

Signed: _

Newham Primary School No. 1913 1271 Rochford Road, Newham, Victoria 3442

> Phone: 5427 0235 ABN: 43 055 119 756 Email: newham.ps@education.vic.gov.au Web: https://www.newhamps.vic.edu.au

PARENT PAYMENT PLAN FORM

If you would like to set up a payment plan for Extra Curricular items or any other payments, please fill in this form and return it to the office. Alternatively, you can contact Sharon Gledhill (Business Manager) on 5427 0235 to set up a plan.

Student/s:		Year	Level/s:
Paying for:			
Total Amount: \$		_	
	CRED	IT CARD	
	vham Primary School to c	deduct: \$	on a (Please
Circle):	Weekly Forti	nightly Monthly	
	basis, starting from: _	//	-
Card Number:		/	/
Expiry Date: / CCV No:			
Name:		Signature:	
BPAY/ DIRECT DEPOSIT			
I will be po	aying \$	in instalments v	via (please circle):
BPAY Direct Deposit			
	Weekly Forti	nightly Monthly	
(BPAY and Direct Deposit details can be found on your family statement)			
OTHER			
I will be payi directly throug	ing \$_ gh the office on a weekly		ria cash, cheque or EFT lease circle) basis.

Date: _____/___/_