



Marsden State High School
106-130 Muchow Rd
Marsden Qld 4133

Periodic Payment Agreement
Student Fees

Date: _____

Student Name and Year Level	Amount

***I hereby undertake to repay the following amounts to Marsden State High School

Total Outstanding Fees to Pay: \$ _____

Commencement Date: _____

Repayment Schedule: Deposit: \$ _____

With Payments of: \$ _____ Weekly Fortnightly

Type of Payment please tick

Direct Debit (Electronic Direct Debit Registration) an email will be sent to complete the process. Debit/Credit card or bank account

Email: _____

BPOINT

QPARENT

Internet Transfer

Centrelink – form to be completed

Cash/EFT

DATE ACCOUNT WILL BE FINALISED BY: _____

Parent/Carer Name: _____ Parent Contact Phone No: _____

Parent / Carer Signature

Accounts Receivable Signature