

## Payment Plan Agreement

**Student Name:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Invoice No:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

### Acceptance

I \_\_\_\_\_ would like to arrange a payment plan for \_\_\_\_\_  
(Name) (Student Name)

I would like to pay a deposit of \$\_\_\_\_\_ for enrolment and training to commence.

### Remaining amount to be paid within 12 months from commencement of course

I agree to pay the remaining balance of \$\_\_\_\_\_ in (select one of the below options)

Weekly payments of \$\_\_\_\_\_ starting on \_\_\_\_\_  
(Date)

Fortnightly payments of \$\_\_\_\_\_ starting on \_\_\_\_\_  
(Date)

Monthly payments of \$\_\_\_\_\_ starting on \_\_\_\_\_  
(Date)

I have read and agree to the terms and conditions outlined below, in this information pack and in the Student Information Handbook.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Terms and Conditions

- Careers Training Centre will accept advance payments of no more than \$1000 from each individual student prior to the commencement of the course.
- Enrolment and Training will not commence until the agreed deposit has been received by Careers Training Centre.
- Weekly/Fortnightly/Monthly payments must be made as agreed, if you are unable to meet an agreed payment, you must contact Careers Training Centre to advise and make alternative arrangements
- No training/work placement will continue if payment is not to the agreed payment plan
- Remaining amount, after deposit paid, to be paid within 12 months from commencement of course (unless prior arrangements made)
- Course will be cancelled if payments cease and no communication received within 14 days.

### Refunds & Additional Fees

Please refer to the Student Information Handbook for the refund policy.

### Privacy/confidentiality Statement

Only authorised staff have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law.

**PAYMENT METHODS**

Please select the method of payment you will be using:

**BANK TRANSFER**

Account Name: Capta Group Pty Ltd ITF Capta Training Centre  
BSB Number: 064-804  
Account Number: 13486729  
Bank: Commonwealth Bank of Australia  
Please use student name as a reference for payment

**CREDIT CARD**     Visa    **or**     MasterCard

If you are going to pay the balance of the course by credit card, you will need to confirm the charges to the card by selecting one of the below options:

**Option 1**

I authorise Careers Training Centre to debit my credit card a One off Charge of \$ \_\_\_\_\_  
on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DATE)

By selecting this option, any further payments by credit card will require you to complete option 2 below.

**Option 2**

I authorise Careers Training Centre to debit my credit card \_\_\_\_\_  
(WEEKLY / FORTNIGHTLY / MONTHLY)  
For the amount of \$ \_\_\_\_\_ starting on \_\_\_\_\_  
(DAY (i.e. Mondays) or DATE (i.e 2<sup>nd</sup> of each month))

Any pre-arranged payments that fall on a Weekend or Public Holiday will be charged on the next business day.  
Please ensure there are sufficient funds in the account on these days/dates.  
If you credit card details change, please contact us to complete a new payment authorisation form.

Credit card details (if applicable)

                 Expiry Date        

Cardholder Name: \_\_\_\_\_    CCV No.   

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

I, \_\_\_\_\_ have read and I accept the terms and conditions of  
(INSERT NAME)  
Careers Training Centre's payment, refund and withdrawal policies for:

**Student Name:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_