

Payment Plan Agreement

Student Name:	
Course:	
Invoice No:	
Total Cost:	
Acceptance	
T w	yould like to arrange a payment plan for
(Name)	vould like to arrange a payment plan for(Student Name)
I would like to pay a deposit of \$	for enrolment and training to commence.
I agree to pay the remaining balance of \$	in (select one of the below options)
Weekly payments of \$	starting on (Date)
	(Date)
Fortnightly payments of \$	starting on (Date)
Monthly payments of \$	starting on (Date)
I have read and agree to the terms and Student Information Handbook.	conditions outlined below, in this information pack and in the
Signed	Date:
Name:	Phone:
Terms and Conditions	

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.

Careers Training Centre will accept advance payments of no more than \$1000 from each individual student prior to the commencement of the course.

Refunds & Additional Fees

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

Privacy 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:

Ĵ CHEQUE / MONEY ORDER

Please make cheques & money orders payable to Careers Training Centre. Forward these payments to PO BOX 1230, Cairns Old 4870.

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 your invoice number as a reference for payment, if you do not have an invoice number, please contact us on 07 4041 9454 or email <u>training@careerstrainingcentre.com</u>
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 <u>\$</u>
on / (DATE)
By selecting this option, any further payments by credit card will require you to complete another payment authorisation form
Option 2
I authorise Careers Training Centre to debit my credit card
For the amount of <u>\$</u>
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
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 / Group:
Signature:Date:Date:
Position:Phone:P

