

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.

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

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/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 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 training@careerstrainingcentre.com

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 another payment authorisation form.

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 2nd 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: _____