

Payment Plan and Agreement

Cost Information	
Event Name:	
Date of Event:	Total Cost of Event:
Payer Details	
Student Name and Class/Year:	
Caregiver Name:	
Address:	
Email:	
Contact Phone Number:	
Payment Details	
Payments can be made by Internet Bank SchoolBridge Parent Portal or App.	ing, EFTPOS, or debit/credit card via the
Direct Credit to the school bank account: • Account name: Twizel Area School • Account number: 06-0966-0083000-00	
Payment Instalment Amount:	
Start Date of Payments:	
End Date of Payments:	



Terms and Conditions

- Timely Payments: Payments must be made on or before the due date.
- Missed Payments: If a payment is missed, the parent/caregiver will be notified immediately. Failure to make up the missed payment may result in the student's suspension from the event until payment is received.
- **Cancellation**: If the parent/caregiver wishes to cancel the payment plan, they must notify Twizel Area School by emailing office@twizel.school.nz. Any outstanding balance must be paid in full upon cancellation.
- **Refunds**: Refunds will be issued according to the specific terms of each event and will be processed at the end of the event period.
- **Modification of Agreement**: Any changes to this agreement must be made in writing and agreed upon by both parties.
- **Contact Information**: For any questions or concerns regarding the payment plan, please contact Finance Officer Debbie Cain at office@twizel.school.nz.

Acknowledgment and Signature

By signing below, I agree to the terms and conditions outlined in this payment plan agreement. I understand my financial responsibilities and agree to adhere to the payment schedule.

 Date
Date

Payments Received Office use only			
Date	Payment Amount	Payment Method	Staff Initials