Whyalla Secondary College

COMMITMENT TO PAY FORM – PAYMENT PLAN

I, _____

Parent/Caregiver of _____

Commit to pay for the following items listed below:

Item	Cost
Total	$

I commit to pay instalments of $_____ per week/fortnight/month, beginning ___ /___ /20 _____

By signing this commitment to pay form, I acknowledge that should the amount remain outstanding, it will be forwarded for debt collection.

Parent/Caregiver signature:_____ Date: _____

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