



Postal Address: PO Box 6290, Wagga Wagga South, NSW 2650
 Site Address: 1 Simmons Street, Wagga Wagga
 Website: <http://www.rivconmusic.nsw.edu.au/>
 Email: admin@rivconmusic.nsw.edu.au

Office Use Only:
 CPP ID: _____
 Approved: _____

CUSTOMER PAYMENT PLAN

TERM: _____ YEAR: _____ PLAN DATE: _____

Person Responsible for Account:		
	(SURNAME)	(GIVEN NAME)

The named above must be over 18 years of age and will be the person liable for the payment of the listed invoice(s). A signature is required as acknowledgement of these terms and conditions.

STUDENT DETAILS			
Surname	Given Name	Invoice Number	Invoice Amount
TOTAL			\$

PAYMENT SCHEDULE: NOTE: All payments must be completed by the end of the Term.

Payments will be made via (please tick ✓):

- Internet Banking
- RCM Office (in person)
- Allison Music
- Credit Card
(THURSDAYS ONLY)

	Date	Amount
Payment # 1	Thursday –	\$
Payment # 2	Thursday –	\$
Payment # 3	Thursday –	\$
Payment # 4	Thursday –	\$
Payment # 5	Thursday –	\$
Payment # 6	Thursday –	\$
Payment # 7	Thursday –	\$
Payment # 8	Thursday –	\$
Payment # 9	Thursday –	\$
Payment # 10	Thursday –	\$
TOTAL		\$

Payment Plan Signature of Authorisation:

CREDIT CARD PAYMENTS (please complete): Cardholder's Name: _____

Card No: _____ Expiry Date: _____ CVC: _____

Cardholder's Signature of Authorisation: _____