Tasmanian Government

Department for Education, Children and Young People

Summerdale Primary School

187 Peel Street West, Summerhill TAS 7250
PO Box 439, Prospect, TAS 7250
P (03) 6344 5333
E summerdale.primary@decyp.tas.gov.au

APPLICATION TO PAY LEVIES / INVOICES BY INSTALMENTS

Parent/Guardian Name (Please print)	
Phone Number	
Address	
Signature & Date	

Name of student/s	Invoice No	Grade	Amount
		Total Due	**$**

I/We agree to pay the above levies by my preferred option as stated below:

☐ **Centrepay Instalments**
For periodic payments from your Centrelink benefits.
Please complete Centrepay Deductions form, available from the school office.

☐ **Instalments**
I/We agree to make weekly/fortnightly/monthly/other (please circle one) payments of
$ _____ to finalise the account as specified above.
Other: _____

☐ **Credit Card Instalments**
I authorise Summerdale Primary School to charge my credit card with instalments of
$ _____ at weekly/fortnightly/monthly intervals until the total of my invoice is paid.

(See reverse side) Day for payments: _____ Start: _____

OFFICE USE ONLY	
Signed (SBM/Office Staff)	
Date	

SUMMERDALE PRIMARY SCHOOL
AUTHORITY FOR CREDIT CARD INSTALMENT DEDUCTIONS

Name of Student/s _____

Class _____

Card No. | | | | | | | | | | | | | | | |

VISA | | Master Card | | Expiry Date | / | CCV | |

I give authority to Summerdale Primary School to charge my credit card as specified in the Application to Pay Levies by Instalment Agreement - 2025.

Name of Cardholder _____

Cardholder Signature _____

Office Use Only

Date	Amount Paid	Balance Outstanding	Student	Initials