



Compass Payment Plan Agreement 2021

Parent Name _____

I wish to pay for the following Event/Activity in instalments:

Student name/s _____

Event/activity _____ Total amount _____

Instalments

First instalment date _____

Please select one option Specify an amount, _____
OR
 Total to be split evenly over _____ weeks.

Instalment cycle i.e. weekly, monthly _____

Mastercard / Visa *Please circle*

Cardholder name _____

Card number _____

Expiry _____ / _____ CSV _____

I understand that Compass will debit my account as per the instalments outlined above. If there are insufficient funds available or problems with my card Compass will attempt each instalment payment up to three times. After this Seville primary will contact me to resolve the issue.

Parent Signature _____ Date _____

Office Use Only

Entered _____ Date _____