# Payment Plan Authorisation

This form should be used to agree a payment plan with Aspire Performance Training.

Please read, complete required sections, sign and return to Aspire with your enrolment paperwork.

**Here’s How the Payment Plan Works:**

* The agreed rates, number of payments and schedule is outlined below and agreed as part of signing this form.
* A tax invoice will be raised in accordance with each agreed charge outlined below.
* By signing this form and completing a Direct Debit Request, you authorise the regularly scheduled charges to your credit card.
* A receipt will be emailed following each payment. When the total due is collected, the schedule and the authorisation are terminated.

**Notes for participants paying for themselves (e.g. fees not covered by an employer):**

* This form must be completed for all participants whose total fees exceed $1,500.
* Aspire will raise separate invoices to align to the payment plan.
* Payments are subject to progress (e.g. Aspire will review your payment schedule against progress to ensure no fees in excess of $1,500 will be raised at any one time).

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Details** | | | |
| **Student Name** |  | | |
| **Unique Student Identifier (USI)** |  | | |
| **Qualification** |  | | |
| **Total Cost (ex GST) \*** | **$** | **PO Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment** | Date | **Value** | **Balance** |
| **Initial Payment** |  |  |  |
| **Payment 2** |  |  |  |
| **Payment 3** |  |  |  |
| **Final** |  |  |  |
| **Outstanding Balance** | | | $ 0.00 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick your preferred method of payment** | | | | | | | | | | |
| **EFT** |  | | Credit Card | | | |  | | | |
| **Credit Card Details (if applicable)**  ***Note****: a 1.4% Surcharge applies to all credit card transactions* | | | | | | | | | | |
| **Card Type** | **Mastercard** |  | | | **Visa** | | | |  | |
| **Card Holder Name** |  | | | | | | | | | |
| **Card Number** |  | | | **Card CVN** | |  | | **Card Expiry** | |  |
| **Card Holder’s Signature** |  | | | | | | | | | |

*By signing you agree to the terms listed above and Aspire’s Fees and Charges Policy 2023.*