



ADELAIDE CENTRAL  
school of art

# fortnightly instalment plan

**Semester 2 2008: 21 July – 5 December 2008**

Adelaide Central School of Art  
45 Osmond Tce Norwood SA 5067  
Ph: 8364 5075 Fax: 8364 4865  
Email: [acsa@acsa.sa.edu.au](mailto:acsa@acsa.sa.edu.au)  
CRICOS Provider: 01126M

First name: ..... Middle name: ..... Last name: .....

Tuition Fees for Semester 2 2008 \$.....

Additional Fees \$.....

**TOTAL PAYMENT DUE** \$.....

Less minimum 25% deposit received \$..... paid on ...../...../..... Receipt # .....

Balance Owing \$.....

Plus 20% administration fee on Balance Owing \$.....

**TOTAL BALANCE OWING** \$..... to be paid in 9 fortnightly instalments

**Instalment payments are due on or before the following dates:**

1. Friday 25<sup>th</sup> July \$..... paid on ...../...../..... Receipt # .....
2. Friday 8<sup>th</sup> August \$..... paid on ...../...../..... Receipt # .....
3. Friday 22<sup>nd</sup> August \$..... paid on ...../...../..... Receipt # .....
4. Friday 5<sup>th</sup> September \$..... paid on ...../...../..... Receipt # .....
5. Friday 19<sup>th</sup> September \$..... paid on ...../...../..... Receipt # .....
6. Friday 10<sup>th</sup> October \$..... paid on ...../...../..... Receipt # .....
7. Friday 24<sup>th</sup> October \$..... paid on ...../...../..... Receipt # .....
8. Friday 7<sup>th</sup> November \$..... paid on ...../...../..... Receipt # .....
9. Friday 21<sup>st</sup> November \$..... paid on ...../...../..... Receipt # .....

**TOTAL BALANCE** \$.....

I understand that if instalment payments are not paid by the above due dates, I will become ineligible to use the instalment scheme again.

I hereby agree to these conditions and the above payment arrangements:

SIGNED:.....(student) DATED:...../...../.....

Authorised by:..... (ACSA staff member)

**OPTIONAL:**

I hereby give permission for Adelaide Central School of Art to deduct the above stated instalment payments from my bank account by debiting my credit card on the above stated dates. SIGNED: .....

CARD DETAILS:  Mastercard  Visa  AMEX Card Expiry Date: \_\_\_\_/\_\_\_\_

Name on Card:..... Credit Card No.: \_\_\_\_\_



ADELAIDE CENTRAL  
school of art

# monthly instalment plan

**Semester 2 2008: 21 July – 5 December 2008**

Adelaide Central School of Art  
45 Osmond Tce Norwood SA 5067  
Ph: 8364 5075 Fax: 8364 4865  
Email: [acsa@acsa.sa.edu.au](mailto:acsa@acsa.sa.edu.au)  
CRICOS Provider: 01126M

First name: ..... Middle name: ..... Last name: .....

Tuition Fees for Semester 2 2008 \$.....

Additional Fees \$.....

**TOTAL PAYMENT DUE** \$.....

Less minimum 25% deposit received \$..... paid on ...../...../..... Receipt # .....

Balance Owing \$.....

Plus 20% administration fee on Balance Owing \$.....

**TOTAL BALANCE OWING** \$..... to be paid in 4 monthly instalments

## Instalment payments are due on or before the following dates:

1. Friday 28<sup>th</sup> August \$..... paid on ...../...../..... Receipt # .....

2. Tuesday 30<sup>th</sup> Sept. \$..... paid on ...../...../..... Receipt # .....

3. Friday 31<sup>st</sup> October \$..... paid on ...../...../..... Receipt # .....

4. Friday 28<sup>th</sup> Nov. \$..... paid on ...../...../..... Receipt # .....

**TOTAL BALANCE** \$.....

I understand that if instalment payments are not paid by the above due dates, I will become ineligible to use the instalment scheme again.

I hereby agree to these conditions and the above payment arrangements:

SIGNED:.....(student) DATED:...../...../.....

Authorised by:..... (ACSA staff member)

### OPTIONAL:

I hereby give permission for Adelaide Central School of Art to deduct the above stated instalment payments from my bank account by debiting my credit card on the above stated dates. SIGNED: .....

CARD DETAILS:  Mastercard  Visa  AMEX Card Expiry Date: \_\_\_\_/\_\_\_\_

Name on Card:..... Credit Card No.: \_\_\_\_\_