

BARKLY INTERNATIONAL COLLEGE

CRICOS PROVIDER NUMBER 03136D (VIC) RTO PROVIDER NUMBER 22238

F.29V04 Payment Agreement Form

Information required for confirmation of acceptance:		
Family Name:	Given Name(s):	
Date of Birth:	Gender:	Male Female
Payment Options:		
Full Tuition Fee		
Instalments on the 1 st of every month		
Instalments on the 15 th of every month		
Outstanding Fee Amount:	Monthly Instalmer	nt Amount:
Student Acknowledgement of Agreement:		
I have read and understood all the information supplied to me in the Barkly International College brochure and/or the Barkly International College brochure website. I have also read and understood the Barkly International College tuition fee refund policy as stated in the Conditions of Enrolment in the Barkly International College brochure and/or the Barkly International College website and I agree to abide by this policy.		
Student's Signature:	Date:	
*Credit Card Authority		
Type of Card: Visa MasterCard Bank Card Diners Other:		
Name on Card:		
Card Number:		
Expiry Date: CVV:	Arr	nount: AUD\$
Cardholder's Signature:		
	*s	Surcharge of 3% applies on all credit cards

Document Information

Title: V4.0 Payment Agreement Form
Author: Barkly International College Pty Ltd

Reviewer: Evelin Cruz
Department: Admissions

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