

2024 College Payment Plan

Applicant Name:	Applicant Contact Number	:	
Applicant Email Address:			
Student Name	Student Number	Amount \$	
Student Name	Student Number	Amount \$	
Student Name	Student Number	Amount \$	
Please nominate a payment option and frequency			
☐ Direct Deposit ☐ Weekly ☐ Fortn	ightly Monthly Commend	cement Date:	
Name: John Curtin College of the Arts			
BSB: 066 040 ACC: 19902167 Reference:	Student Name/Number		
I would like to direct credit the John Curting		_	
\$ as per indicated terms abo	ve. Signature		
□ Qkr! □ Weekly □ Fortn	ightly Monthly Comme	ncement Date:	
I will utilise the Qkr! payment method for the t		• • • • • • • • • • • • • • • • • • • •	
above. SignaturePhone/device App downl	 oad Qkr! by MasterCard for iPhone	s/iPads or Android	
Computer go to https://q	kr-store.qkrschool.com/store/#/hc	<u>ome</u>	
Qkr. masterpass To make payments select	ct John Curtin College of the Arts	from 'Nearby Locations' or type	
	Arts	, , , , , ,	
John Curtin College of the	Arts email johncurtinstudentaccounts@jo		
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Office Use Only		
	Student Reference Number	
Data vasaiyad	Dringing to give	
Date received	Principal to sign	
Payments to commence	Payments to cease	
Actioned by Entered into RM Billing notes	Emailed confirmation to Fee Biller	

Payment Date	Payment Type	Signature
3 rd Feb 2024		
3 rd March 2024		
3 rd April 2024		
3 rd May 2024		
3 rd June 2024		
3 rd July 2024		
3 rd August 2024		
3 rd September 2024		

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