



Payment Plan Package Application Form

Name:	
Address:	
Phone:	Workshop Payment Plan Package Nominated:
Home:	
Work:	
Mobile	Email:

Fortnightly Payments Authority

- The fortnightly workshop payment at the date of signing is \$ _____
- An initial deposit paid on signing is \$ _____
- This is a binding agreement which will not be cancelled by me for a minimum of _____ months which includes _____ fortnights.
- My first billing date is ____/____/____ and will be completed on ____/____/____.
- My Package Plan is _____ (course name).
- If I wish to cancel, I am required to give one (1) months written notice by completing a Membership Resignation Form. Unless I complete my copy of the Membership Resignation Form I cannot assume that the membership payment has been cancelled. This Membership Resignation Form must be signed by both the myself and my teacher.
- Payments can be made via Cheque, Money Order, Cash, Direct Credit or PayPal
- Cessnock Natural Balance Centre agrees to send out Monthly Statements of monies paid to the above postal or your email address above.
- Any internet payments request you advise CNBC by email of payment date and amount.

Payment Details	
Total Cost of Workshops	
Deposit Paid	
Amount Owing	
Fortnightly Amount	

Cessnock Natural Balance Centre is committed to helping you with your personal growth and education. We thank you for your commitment and look forward to a wonderful association.

I have been given a copy of the terms and conditions related to this agreement, which I have read and fully accept and understand.

Students Signature: _____ Date: _____

Sue Crosdale Signature: _____ Date: _____