

**Participant Name:** \_\_\_\_\_

**Contact Phone No.:** \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Outstanding program registration fees owing to the Australian Youth Orchestra **must be either paid in full or a payment instalment plan is required to be set up.** Payment can be made via Credit Card, Cheque or Direct Transfer. Please complete sections A, B & C below:

**A. Payment Option- please tick a box**

Please take full payment of \$ \_\_\_\_\_

Or

I wish to make monthly instalments of \$ \_\_\_\_\_ until the debt is fully repaid.

*(Minimum repayment of \$50 per month or 5% of total outstanding debt, whichever is the highest)*

I wish for payments to commence on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *(insert date)*. Following which I understand that payments will be made on the first working day of every month until the debt is repaid.

**B. Payment Method- please tick a box**

**Credit Card** - I authorise you to deduct repayment(s) from the following credit card in line with my selected payment option as stated in A above.

Please circle one of the following Credit Card types:                      **Visa**                      **MasterCard**                      **Bankcard**

Card No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Cheque** - I will send a cheque for the amounts stated in A above on the dates stated above to AYO office.

**Direct Transfer** - I will make a direct transfer of the amounts stated in A above on the dates stated above to AYO bank account. Once you have made your payment transfer please email Karen Wu with details karenwu@ayo.com.au

Bank account details:

Bank: Commonwealth Bank of Australia, Rozelle, NSW  
 A/c Name: Australian Youth Orchestra  
 BSB: 062-243      A/c No: 1003 6255  
 Account description: please write your full name

**C. Agreement**

I, \_\_\_\_\_, *(insert your name)* agree to make repayments as set out in sections A & B above.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please return this signed form and cheque (if making payment by cheque) for the attention of Karen Wu via:**

**Fax:** 02 9252 8033  
**Post:** Level 1, The Arts Exchange, 10 Hickson Road, Millers Point, NSW, 2000  
**Email scan:** karenwu@ayo.com.au

**Any further questions please contact the AYO finance department on 02 9276 2112**