



**Application For Installment Plan – Post Dated Cheques**

SCHOOL: \_\_\_\_\_

PLEASE PRINT CLEARLY AND FILL IN ALL OF THE INFORMATION BELOW:

PARENT/GUARDIAN: \_\_\_\_\_  
(LAST NAME) (FIRST NAME)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
(LEGAL LAST NAME) (FIRST NAME)

TOTAL FEES OWED: \$ \_\_\_\_\_ MONTHLY INSTALLMENTS AMOUNT: \$ \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

I, \_\_\_\_\_ AGREE TO PAY PEMBINA HILLS REGIONAL  
Applicants Name  
DIVISION MONTHLY INSTALMENTS FOR SCHOOL FEES BEGINNING ON \_\_\_\_\_,  
Month/Day/Year  
AND CONTINUING UNTIL THE ABOVE ACCOUNT IS PAID IN FULL. I UNDERSTAND  
THAT INTEREST OF 1.5% PER MONTH MUST BE INCLUDED IN THE TOTAL AMOUNT OF  
MY CHEQUES.  
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_  
SCHOOL OFFICIAL SIGNATURE: \_\_\_\_\_  
Customer Number \_\_\_\_\_

**Note: Post dated cheques MUST accompany this agreement and total the amount owing for the school year or semester including any accumulated interest.**