



ASTRAL SKILLS
INSTITUTE OF AUSTRALIA

Date:

I _____ (Student ID: _____) agree and confirm to pay Remaining \$0.00 by 13th July 2021 .

Payment Plan:

Date	Amount

If I breach this agreement, I am aware that I will be fined for non-Payment and future action will be taken against me.

Student's Signature & Date

Student Service Officer

Date