

# PAYMENT OPTIONS

I/We request to pay our school fees:

- | <b>Frequency</b>                          | <b>Method</b>  |
|---|--|
| <input type="checkbox"/> In Full (Term 1) | <input type="checkbox"/> BPay/Internet                             |
| <input type="checkbox"/> Per Term         | <input type="checkbox"/> Direct Debit                              |
| <input type="checkbox"/> Monthly          | <input type="checkbox"/> Parish Office or School (Direct or phone) |
| <input type="checkbox"/> Fortnightly      | <input type="checkbox"/> Centrelink Deduction                      |
| <input type="checkbox"/> Weekly           | <input type="checkbox"/> Bank Deposit Book                         |
| <input type="checkbox"/> Other – Specify  | <input type="checkbox"/> Other – (specify)                         |

\_\_\_\_\_

\_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

STUDENT NAMES/s: \_\_\_\_\_ FAMILY CODE: \_\_\_\_\_  
\_\_\_\_\_

### DIRECT DEBIT DETAILS:

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ BSB: \_\_\_\_\_

CARD NO. \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ COMMENCING DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(PLEASE RETURN TO SCHOOL OR PARISH OFFICE prior to 31/12/09)  
Cnr Frances & Thomson Sts Tweed Heads  
PO Box 219 Tweed Heads 2485