



GERALDTON SENIOR HIGH SCHOOL

CREDIT CARD/ DIRECT DEPOSIT PAYMENT SLIP

Student Name: _____

Year: _____

Please charge to my: Visa

Mastercard

CVV #: _____

Name as it appears on card: _____

Expiry Date: __/____

Cardholder Signature: _____

Amount \$ _____

Phone Number: _____

PAYMENT OPTIONS Direct Debit to Geraldton Senior High School

BSB Number: 633 000

Account Number: 165 575 135

Ref: Student Name

✓	OPTION		DUE DATES	OFFICE USE: RECEIPTS
	Option One	Pay in 1 instalment	Feb \$ _____	Date Rec. # _____ _____
	Option Two	Pay in 2 instalments	Feb \$ _____ Jun \$ _____ TOTAL \$ _____	Date Rec. # _____ _____
	Option Three	Pay in 4 quarterly instalments	Feb \$ _____ May \$ _____ Aug \$ _____ Nov \$ _____ TOTAL \$ _____	Date Rec. # _____ _____ _____ _____
	Option Four	Pay in 10 monthly instalments	Feb \$ _____ Jul \$ _____ Mar \$ _____ Aug \$ _____ Apr \$ _____ Sep \$ _____ May \$ _____ Oct \$ _____ Jun \$ _____ Nov \$ _____ TOTAL \$ _____	Date Rec. # Date Rec. # _____ _____ _____ _____ _____ _____ _____ _____