



Rochedale South State School PAYMENT OPTIONS

Please **keep this form** for future reference

All Excursions/Activity Payments must be made **by the Due Date**

PAYING BY INTERNET BANKING: Direct Payment into School Bank Account

- Account Name: Rochedale South State School General A/C
- BSB Number: 064-167 (CBA Springwood) Account Number: 00090042
- Reference/Details:
Please record:
For the **Levy**: First 2 letters of your child's Christian name + Surname + InstLevy
For the **Inst Hire**: First 2 letters of your child's Christian name + Surname + InstHire

If insufficient details are supplied, payments will be applied to the oldest debt for that Family/Customer.

Important: Please complete your child's Permission Slip, write "Paid Online" on it, and drop it into the office.

Note: Sometimes **Online payments do not show up in our bank account until 2 school days after payment is made, therefore, they need to be made 2 school days before due date of excursion/activity.**

PAYING BY MAIL:

- Cheques payable to Rochedale South State School and mail with completed Payment Advice, Invoice or Completed Excursion Permission Slip. Post to: Wendron Street, Rochedale South, Q, 4123. Payment must be received by due date.

PAYING IN PERSON:

- Payment by Credit Card, Debit Card (EFTPOS), Cash, Cheque or Money Order
- Payment can be made at the school **office PAYMENT WINDOW Tuesdays and Thursdays 8.15 to 9.15am ONLY**
- Please bring completed excursion permission slip when making payment
- There is often a queue at the payment window. If you would prefer not to wait, please see details below for payment at other times.

If you would like to pay at other times, you can pay online /internet (details above)

Reminder: All Excursions/Activity Payments must be made **by the Due Date**

✂

CREDIT CARD PAYMENT ADVICE SLIP

Student Name: _____ Class: _____

Amount Paid: _____ Activity Ref Code: _____ Date: _____

Name on Credit Card: _____

I hereby authorise Rochedale South State School to debit my: VISA BANKCARD MASTERCARD

Credit Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please ensure that all sixteen numbers are entered)

Expiry Date:

--	--

 /

--	--

 Signature on Card: _____

Please return to: ROCHEDALE SOUTH STATE SCHOOL Wendron Street, Rochedale South Q 4123