



Geraldton Senior College

Credit Card/ Direct Deposit Payment Slip

Please return to: Geraldton Senior College, PMB 10100, GERALDTON, WA, 6531

Student Name: _____ **Year:** _____

Please charge to my: Visa Mastercard CVV #: _____

Name as it appears on card: _____ Expiry Date: ____ / ____ / ____

Cardholder Signature: _____ Amount: \$ _____

Alternative Payment Option: Set-up an electronic funds transfer through your financial institution

Account name: Geraldton Senior College

BSB Number: 016 650 **Account Number:** 1100 68583

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