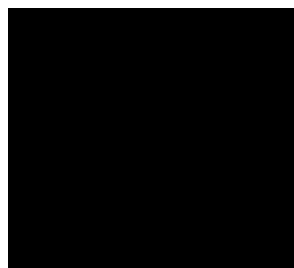


TUTORING

PAYMENT DETAILS FORM



Please return this completed form to:

The Finance Department (Lower Office)
Mansfield State High School
PO Box 229
Mt Gravatt Q 4122
Ph 3452 5368
Fax 3452 5300
Email smaatenquiries@outlook.com
Website www.smaat.com.au

Price per session: \$20

*All sessions should be paid in FULL for the entire Term.

CUSTOMER INFORMATION

PARENT/GUARDIAN'S NAME _____

STUDENT'S NAME _____ FORM CLASS: _____

ADDRESS _____ POST CODE _____

PHONE NUMBER _____ MOBILE NUMBER _____

EMAIL _____

PAYING BY INTERNET BANKING: Direct Payment into School Bank Account

- School's Bank Account Name: Mansfield State High School General A/C
- BSB Number: **064 118** CBA Branch Mount Gravatt
- Account Number: **00090257**
- Reference/Details: Please record **"Student Surname, Year Level, AND Activity of SMAAT"** in the reference/details section so that your payment can be recorded correctly.
If no activity is supplied, payments will be applied to the oldest debt for that Family/Customer ID.
- Please attach a copy of the internet receipt or **payment reference number to the permission slip.**

PAYING IN PERSON: Payment by Cash, Credit Card, Debit Card, Cheque or Money Order

- CASH only between 8.00am – 1.45pm Monday to Friday.
- Credit Card and Debit Cards (EFTPOS), Cheques and Money Orders are accepted.
- Payment can be made at the finance department Monday to Friday 8.00am to 3.00pm.

PAYING BY PHONE: Payment by Credit Card ONLY

- Call the school on 3452 5368, Monday to Friday between 8.00am and 3.00pm.
- Please have the account and your credit card details with you when you call.
- Visa and MasterCard accepted.

PAYING BY Credit Card (Please debit my credit card for the amount of \$ _____)

(Circle one) **Mastercard** / **Visa Card**

Card Number: _____

Expiry date on Credit Card: ____/____ (4 digits)

Name of Cardholder: _____

Address of Cardholder: _____

Signature of Cardholder: _____ Date: _____