

Payment Slip



Student Name: _____

Room: _____

Stationery/Tech. Materials \$ _____

School Donation \$100.00 (per year) or \$25.00 (per term)

Total: \$ _____

Direct Payments to: Birkdale Intermediate School
ASB, Birkenhead, Account No. 12-3035-0413925-01
Reference: Student's name - Stationery

or

EFTPOS / Credit Card facilities

Please charge my **VISA / MASTERCARD:**

Credit Card No:

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Credit Card Expiry Date:

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Card Holder's Name:

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Card Holder's Signature:

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Please write amount paid: \$ _____

(A receipt will be issued).