



WEST BYFORD PRIMARY SCHOOL

(Please enclose Payment and Permission Slip and place this envelope in letter box outside Admin)

STUDENT NAME: ROOM.....

PAYMENT FOR:

(Please tick ✓) Cash Cheque Credit Card Direct Deposit Unallocated Credit

AMOUNT

\$

:



Card No [][][][] - [][][][][] - [][][][][][] - [][][][][][][][] - [][][][][][][][][][]

Cardholder's Name

EXPIRY DATE

Cardholder's Signature

Direct payment can be made to school via internet banking. **BSB 066040 ACCOUNT 19904111**
You must include your child's surname, initial & room and cost name. (e.g. Smith J Ch2 AQWA Excursion)

Please enclose correct money. **Change will not be given.**

Unless requested, receipts for less than \$50 will not be printed. Please tick if a receipt is required.