

# Ashdale Secondary College

75 Westport Parade  
DARCH WA 6065  
Tel: 9302 7100  
Fax: 9302 7188



## Paying Your Account

### In Person

Cash, Cheque, EFTPOS and Credit Card payments are all accepted at the College Main Administration office during office hours. (Office hours 8:00am – 4:00pm, Wed 8:00 – 3:15pm)

### Telephone

Credit Card payments can be made by telephone during office hours.

### Direct Deposit

Direct Deposits can be made to the College bank account. It is **VITAL** that the **student name and reason for payment** is included as the **reference**.

**Account Details:** A/C Name: Ashdale Secondary College  
Branch No. (BSB) 066-040  
Account No. 19901762

### Mail

Cheques, money orders or credit card payment authorities can be mailed to the above address.

## Payment Arrangements

We understand that some families may not be in a position to pay the full amount all at once. Regular direct deposits can be made to our bank account (*details above*).

We encourage people to make their own regular arrangements, this can be set up automatically using online banking. Please notify us of these arrangements so we can make a note on our system.

If you require our assistance to make regular payments please complete the form below and return to the Main Administration office as soon as possible. If you do not have a credit card, please phone me to discuss other possible arrangements.

I would like to make an arrangement to pay charges and contributions for my child as indicated below:

Student's Name: \_\_\_\_\_

Year Level: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

I will make payment by Credit Card:

**Weekly**

**Fortnightly**

**Monthly**

(Please Circle your intention)

Ashdale Secondary College																					
Payment Arrangement: Credit Card Payment Authority																					
Please charge my credit card at the periods indicated above to a maximum the deposit due.																					
Card Type:	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Expiry Date: ...../.....																				
Card No.:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Card Holder's Name: .....																					
Card Holder's Address: .....																					
Card Holder's Signature: .....      Date: .....																					