Kimberley Park State School
PAYMENT OPTIONS

PAYING BY INTERNET BANKING: Direct Payment into School Bank Account
- School’s Bank Account Name: Kimberley Park State School General A/C
- BSB Number: 064-401 (CBA Branch BEENLEIGH)
- Account Number: 00090295
- Reference/Details: Please record both “Student Surname AND the name of the excursion/event” in the reference/details section so that your payment can be allocated correctly. **If insufficient details are supplied, payments will be applied to the oldest debt for that Family/Customer.**

PAYING BY PHONE: Payment by Credit Card ONLY
- Call the school on 3451 5333, Monday to Friday between 8.30am and 11.30am
- Please have the account and your credit card details with you when you call.
- VISA, Mastercard and Bankcard accepted.

PAYING IN PERSON: Payment by Credit Card, Debit Card, Cash, Cheque or Money Order
- Payment can be made at the school office Monday, Wednesday and Thursday 8.00am to 11.00am
- Credit Card and Debit Cards (EFTPOS), Cash, Cheques and Money Orders are accepted.

PAYING BY BPAY:
- Payment can be made using student surname and name of excursion. Please note that BPAY payments will automatically be credited to the oldest debt.

......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**CREDIT CARD PAYMENT ADVICE**

STUDENT’S NAME: _______________________________ FAMILY ID: _____________

AMOUNT PAID: _______ REFERENCE: _______________ DATE: _____________

NAME ON CREDIT CARD: ____________________________________________

CARD TYPE: ☐ VISA ☐ BANKCARD ☐ MASTERCARD

CREDIT CARD NUMBER: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(Please ensure that all sixteen numbers are entered)

EXPIRY DATE: [ ] / [ ]

SIGNATURE ON CARD: ________________________________

Please return to: Kimberley Park State School
Floret Street, Shailer Park 4125
Phone 3451 5333  Fax (inactive)