



BPOINT DEDUCTION AUTHORITY

Bpoint Biller Code: 1002534

Education (School) Fees

Your details:

PARENT/CAREGIVER NAME:	
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CRN NUMBER:	2	0	3	7	0	0	0	0					
Student(s) Name(s)													

Invoice Number													
Commencement Date													
Amount	\$												
Frequency	Weekly			Fortnightly				Monthly					

Deductions Approved For:	Student resource scheme fees												
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I request payment to continue until:

- TARGET amount of: \$_____ is reached, **OR**
-/...../..... date is reached **OR**;
- Continue until cancelled.
- I agree to complete payment for all monies owing, using the Bpoint payment method.

Customer Signature:	
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Date:	
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