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BPOINT DEDUCTION AUTHORITY Bpoint Biller Code: 1002534 Education (School) Fees

Your details:

PARENT/CAREGIVER NAME:													
							ı						
CRN NUMBER:	2	0	3	7	0	0	0	0					
Student(s) Name(s)													
Invoice Number													
Commencement Date													
Amount	\$												
Frequency	Weekly				Fo	ortnightly			1	Monthly			
Deductions Approved For:	Student resource scheme fees												
I request payment to continue until:													
TARGET amount of: \$ is reached, OR													
□													
☐ Continue until cancelled.													
☐ I agree to complete payment for all monies owing, using the Bpoint payment method.													
- 1 agree to complete payment for an momes owing, asing the bronk payment method.													
Customer Signature:					Da	ate:							

