



BPOINT DEDUCTION AUTHORITY

Bpoint Biller Code: 1002534

Education (School) Fees

Your details:

PARENT/CAREGIVER NAME:																
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															

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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Approved by:- Alyshia O'Donohue
Business Manager:

Date: _____