



Smithfield State High School

Aspiration
Belief
Motivation
Success
Our Partners



2016 PAYMENT PLAN - CREDIT CARD DEDUCTION

Name of Parent/Caregiver _____ PH: _____

**** ALL FEES MUST BE PAID IN FULL BY END OF TERM 2, 24 JUNE 2016 _____ (init)**

**** PAYMENT PLAN DOES NOT INCL. LAPTOP FEES, UNIFORMS OR TICKETS _____ (init)**

Student Name	Yr	2016 SRS	Subjects / Certs	Camp / Excursions	TOTAL
Less Deposit					
TOTAL					

Amount to be deducted \$ _____

(please circle one option) weekly / fortnightly / per term (deduction occurs 1st Friday of each term)

Commencing _____/_____/2016 Notes: _____

Card Details: VISA / MASTERCARD

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Name on Card: _____ **Expiry Date:** _____

Signature on Card: _____

Signature of Parent/Caregiver _____

Date...../...../.....

Signature of Finance Officer _____

Date...../...../.....

Office use:	Date	Receipt	\$	Date	Receipt	\$	Date	Receipt	\$
Great state. Great opportunity.									

