PAYMENT BY ELECTRONIC BANKING

Details for parents wishing to pay fees by electronic banking are as follows:

**Name of Account:** Western Australian College of Agriculture - Cunderdin  
**Bank:** Bendigo Bank  
**BSB Number:** 633000  
**Account Number:** 155427040

Details of transactions must to be faxed to (96351334) or emailed Cunderdin.ac@det.wa.edu.au for reconciliation purposes.

Please use your Child’s Student Number as reference

PAYMENT IN PERSON AT A BANK

It is imperative that you use the CC number as the reference when depositing in to the College account over the counter at a Bank. With this method of payment the only details that appear on the College statement is the name of the branch the transaction has taken place at and the CC number. If it is necessary for the College to request a voucher trace for the details of the payee, a $13.50 fee is incurred which is the parents’ responsibility to pay.

Details of transactions can also to be faxed to (96351334) or emailed to Cunderdin.ac@det.wa.edu.au

EFTPOS FACILITY

There is now EFTPOS available at the front office for payments. This also allows us to take credit card payments over the phone. Attached is a Credit Card Authority form if you wish us to take automatic fees on a frequent basis or to pay in full.

CHEQUES

Cheques can be made payable to WA College of Agriculture Cunderdin and posted to PO Box 132 Cunderdin WA 6407.
Credit Card Authorisation 2016

Student Name (s)  __________________________  Year ______
________________________  Year ______
________________________  Year ______
________________________  Year ______

Please Debit:  Mastercard  Visa

Total amount of Account $ ________  If deductions have been made please attach details

Debit Frequency:  Month  $ ________  Amount to be debited the first day of business of each school month
Term  $ ________  Amount to be debited the first day of business of each school term
Payment in Full  $ ________

Card No:

Card Expiry Date _____/_____
Last 3 digits of security code on back of card  __  __  __

Cardholder Name

Signature of Authorised Cardholder

Daytime Telephone Number

Office Use only
Date  Receipt No  Amount