

## Credit Card Payment Slip Student Payment



Payment/Refund (please circle) to be made via Credit Card for any training or services.  
Please fill out the form below

Credit Card Payment Details	
Course name	<input type="text"/>
Date of training	<input type="text"/> / <input type="text"/> / <input type="text"/>
Amount	\$ <input type="text"/>
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> CCV <input type="text"/>
Card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Name on card	<input type="text"/>
Signature	<input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>

- o Please note that once payment has been made using this Credit Card Payment Form, the form will be destroyed and the details of this card will not be kept by WA Skills Training.

**OR:**

- To pay via Bank Deposit:  
BSB: 066 507  
Account No: 1080 8682

Please use your surname as a reference for this transaction

Date Paid: \_\_\_\_\_

Date of This Issue:	23/11/2020	Date of Next Review:	23/11/2023	Doc Id:	WAST_FIN_FOR_003
---------------------	------------	----------------------	------------	---------	------------------

This document is uncontrolled in hardcopy format