

Payment Form



Credit Card Payment Details

Course name/s																			
Amount	\$																		
Card number																			
Expiry date		/			CCV														
Card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard																		
Name on card																			
Signature											Date		/		/				

Bank Deposit Payment Details

Course name/s															
Amount	\$														
BSB	066 507	Acc No.	1080 8682												

Email copy of payment remittance to accounts@waskills.com.au

Please be very careful to ensure you can provide all the paperwork requested in the email you received. Your charge per unit includes a non-refundable 50% fee. If you cannot provide all paperwork requested or choose not to continue with your enrolment you will only be refunded the balance.

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