



Catholic Regional College Sydenham  
Address: 380 Sydenham Rd, Sydenham 3037  
Telephone: 9361 0000 Facsimile: 9390 2096  
[www.crccs.vic.edu.au](http://www.crccs.vic.edu.au) ABN: 22 394 397 639

## E-LEARNING LEVY PAYMENT FORM

(compulsory for all students)

Student/s Name: \_\_\_\_\_

Parent/s Name: \_\_\_\_\_

Please select a payment option for the \$100 e-Learning levy:

**Direct Debit**

I, \_\_\_\_\_ hereby authorise Catholic Regional College, Sydenham to debit my Visa/Mastercard or Bank account

| Direct Debit from Cheque/Saving account  | Credit Card/Debit Card Deduction  |
|--|---|
| Financial institution name: _____  | Name/s on Credit Card: _____  |
| Branch: _____  | Account type: Visa Card <input type="checkbox"/> Mastercard <input type="checkbox"/>  |
| Name/s on account: _____   | Card number   |
| BSB 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"/> <input type="text"/> <input type="text"/> |
| Account 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"/> | Expiry Date: ____/____  |

**Online Bank Transfer**

**BPAY**

Account Name: Catholic Regional College Sydenham  
BSB: 083-347 Account No: 690280643  
Ref: <Student Name>

Bill Code: 1495  
BPAY Ref: <as per statement>

**Centrepay**

I, \_\_\_\_\_, hereby authorise Services Australia to debit \$100 from my \_\_\_\_\_, and pay this amount to Catholic Regional College, Sydenham 555 075 604 X for e-learning levy.

CRN number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_