

Methods of Payment

\$\$\$\$\$ WIN A \$500 CASH BONUS \$\$\$\$\$

All accounts paid in full before the 2nd of April 2026 will have the opportunity to win \$500 cash

Any parent who has completed the Secondary Assistance Scheme form and has paid the balance of their account before the 2nd of April 2026 would also qualify.

Any parent that has been in contact with the college and set up a payment plan before the 2nd of April 2026 for the entire account will also qualify.

There is one (1) \$500.00 cash prize for the first name drawn that meets the criteria. The draw will occur in Term 2 and the winner's name will be published on the website. www.cvc.wa.edu.au

1. **Posting** a Cheque or your Credit Card details to the College (a receipt will be posted to you). Visa and Master card will be accepted.
2. **Phoning** your **Credit Card** details through to the College Administration on 9334 9000 during school hours (a receipt will be posted to you).
3. **BPay** – Biller Code **474312** please use your child's Student Number as reference – please make separate payments for each student. Receipts will be posted to you.
4. **Internet Banking** – It is very important that you remember to enter your child's full name or Student Number as reference so we can ensure the payment goes to the correct child.
Our account is: **BSB Number: 066 040 Account Number: 1990 0399**
5. Completing and returning the **Credit Card Payment Plan** application over page. Payments will be deducted automatically on the 27th of the month. Receipts will be posted to you.
6. **Payment in person** - If you do not wish to take advantage of the above five hassle free methods or you need to make a Secondary Assistance Application, payments can be made at the College. Payments can be made by cheque, credit card, Eftpos or Cash. Office hours are 8.15am to 3.30pm.
7. **Secondary Assistance Scheme** – Do you have one of the following cards? If so, contact the office (9334 9000). Applications close Thursday 2nd April 2026.



Payment Plan Options

Student Name _____ Year at school:(2026)_____ Amount \$ _____

Student Name _____ Year at school:(2026)_____ Amount \$ _____

Student Name _____ Year at school:(2026)_____ Amount \$ _____

Contact Name: _____ **Phone** _____

☐

Three Credit Card Payments

Debited on the **27th of each month** commencing 27th February 2026

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Six Credit Card Payments

Debited on the **27th of each month** commencing 27th February 2026

Please contact the College administration for alternative payment plan arrangements.

Total Amount to be deducted \$ _____

I authorise payments to be deducted from my Credit Card as outlined above. I understand that my Credit Card details will be lodged and stored securely with the bank and that Canning Vale College will destroy my details once lodged.

Card Holder Signature _____

Office Use Only	
Date Received	Date Lodged at Bank
Payments to Commence	Payments to Cease
Actioned By	

(Note – the below portion of this form will be securely destroyed once the details have been lodged at the bank)

Full Name as it appears on the card: _____

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Visa ☐ MasterCard ☐

Expiry Date ____/____

Card Holder Signature _____

Deductions will be taken in equal amounts.