

### *School details*

Name of School

School code number

Contact telephone number

Signed

*(For and on behalf of the Principal)*

Name and position held at school

Principal's Name

Principal's email address

### *Method of Payment*

Please select method of payment. A tax invoice/receipt will be issued once payment processed - there may be delay with this during busy periods. Please select if an invoice is required in order to make a Direct Deposit.

**Direct Deposit \$150.00\***

**Name of Bank:** CBA – University **BSB:** 066155 **Acc.No:** 00147303

**Account Name:** Tertiary Institutions Service Centre Ltd

**Reference number:** enter your **school code**

**Invoice required prior  
to Direct Deposit**

**Credit card**

Mastercard

Visa card

with \$150.00 only

Please charge my:

Cardholder's Name

Card number

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Expiry date

Signature of Cardholder

\*FEE (\$150) payable for forms received during the non-peak period February - September  
PEAK PERIOD FEE (\$250) will be payable for forms received between October - January

*To submit this form please email [sullivan.foster@tisc.edu.au](mailto:sullivan.foster@tisc.edu.au)*