

## **PAYMENT INSTRUCTIONS:**

### **Clinic fees are:**

- \$35 per participant

### **Preferred method of payment:**

***Direct deposit*** - either via Internet/Phone banking or at any St George Bank branch.

### **Direct Debit Payment Instructions:**

**Direct Deposits** to be paid as follows:

**Account Name:** S.L.Pratley

**BSB No:** 112- 879

**Account Number:** 456 690 206

**Reference:** Please include 'Participant Name' as payment reference