## **Payment Form**



egal family name/Last name	Legal first names
,	
Known as/preferred name (if different)	Date of Birth
	dd / mm / yyyy
Student ID (if known)	NSN or NZQA number (if known)
Name of Programme	
	Start Date dd / mm / yyy
Residential Address	
Town/City	Postcode
Personal email	
Home phone	Mobile phone
Financial Details	
otal amount of payment \$	nomai Institute of Technology. Then return with this form to the below address.
otal amount of payment \$  Cheque - Please make payable to: Toi Oh  Direct credit/Internet Banking - Toi Ohoi	mai Institute of Technology, Westpac 03-0435-0470124-00.
Cheque - Please make payable to: Toi Oho Direct credit/Internet Banking - Toi Oho Particulars: Surname and Initials. Code: S	
Cheque - Please make payable to: Toi Oh Direct credit/Internet Banking - Toi Ohon Particulars: Surname and Initials. Code: S Credit card payment	mai Institute of Technology, Westpac 03-0435-0470124-00. Student ID No. (if known). Reference: Your date of birth dd/mm/yyyy.
Cheque - Please make payable to: Toi Or Direct credit/Internet Banking - Toi Ohoi Particulars: Surname and Initials. Code: S Credit card payment  Card Type: Mastercard	mai Institute of Technology, Westpac 03-0435-0470124-00.
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Cheque - Please make payable to: Toi Or Direct credit/Internet Banking - Toi Ohor Particulars: Surname and Initials. Code: Stredit card payment  Card Type: Mastercard Card No.  Expiry Date Mastercard Cardholder's name  Other - provide organisation's name, add	mai Institute of Technology, Westpac 03-0435-0470124-00. Student ID No. (if known). Reference: Your date of birth dd/mm/yyyy.  Visa  CVC Three security numbers on credit card e.g 883)  Signature  Gress, phone number. Fees will be invoiced directly.
Cheque - Please make payable to: Toi Or Direct credit/Internet Banking - Toi Ohor Particulars: Surname and Initials. Code: S Credit card payment  Card Type: Mastercard Card No.  Expiry Date Mastercard Card No.	mai Institute of Technology, Westpac 03-0435-0470124-00. Student ID No. (if known). Reference: Your date of birth dd/mm/yyyy.  Visa  CVC Three security numbers on credit card e.g 883)  Signature  Gress, phone number. Fees will be invoiced directly.
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## 3 Please return this completed form to:

Toi Ohomai Insitute of Technology ATTN: Finance Private Bag 12001 Tauranga 3143

Or scan and email this form to: cashier@toiohomai.ac.nz

Note: This slip will be destroyed once your payment has been processed.