

CHILDRENS SERVICES DIRECT DEBIT REQUEST- CREDIT CARD

PRINT FORM

Advisory Notes

Council requires direct debit details for payment of your child care fees.

Registration is easy, just fill out the Bank Account Section on this form and return to the Children's Services Administration Office.

Fees will be deducted once a fortnight from your nominated credit card.

Fees apply for credit card transactions:

Transaction Fee – \$0.75 + Credit Card Merchant Rate – Mastercard/Visa – 0.90%

Any outstanding amounts owing and in arrears will be deducted – any backdate of child care benefit or extra days will be included.

Due to the number of families on this facility, we are unable to notify families of changes to their regular fees.

Please ensure that you have sufficient funds in your account to cover your fortnightly childcare fees. If you have insufficient funds when the direct debit is due and the direct debit is rejected by your bank you will incur a dishonor fee currently \$30.00 payable by you. This fee is in addition to the fee your bank will charge you

Bank Account Details

| | | | | | | | | | | |
|-----------------|--|--|---|--|--|--|---|--|--|--|
| Account Name: | | | | | | | | | | |
| Expiry Date: | | | - | | | | - | | | |
| | | | | | | | | | | |
| Account Number: | | | | | | | | | | |

Child Details

| | | | | | | | |
|-------------|--|--|--|----------|--|--|--|
| Given Name: | | | | Surname: | | | |
|-------------|--|--|--|----------|--|--|--|

Parent/Guardian Name/s

| | | | | | | | |
|-------------|--|--|--|----------|--|--|--|
| Given Name: | | | | Surname: | | | |
|-------------|--|--|--|----------|--|--|--|

| | | | | | | | |
|-------------|--|--|--|----------|--|--|--|
| Given Name: | | | | Surname: | | | |
|-------------|--|--|--|----------|--|--|--|

| | | | | | | | |
|-----------------------------|--|--|--|--|--|-------|--|
| Parent/Guardian Signature/s | | | | | | Date: | |
|-----------------------------|--|--|--|--|--|-------|--|

| | | | | | | | |
|-----------------------------|--|--|--|--|--|-------|--|
| Parent/Guardian Signature/s | | | | | | Date: | |
|-----------------------------|--|--|--|--|--|-------|--|

Further Details

If you wish to update your bank details, we request that you notify the administration office in writing five (5) working days prior to the next direct debit.

If you have any questions, please call the Children's Services Administration Office on 02 9330 6449.

Children's Services Administration

Jack High LDC | 70 Vanessa Street Beverly Hills NSW 2209

P 9330 6449 | 0401 670 182

E csadmin@georgesriver.nsw.gov.au <http://www.georgesriver.nsw.gov.au>

Declaration

I agree that all information that I have supplied is true and accurate to the best of my knowledge.

Submit

This form will be emailed.

Print form

Printed form can be submitted in person or posted via 70 Vanessa Street Beverly Hills NSW 2209.

Privacy Notice

Georges River Council is required under the *Privacy and Personal Information Protection Act 1998* to collect, maintain and use your personal information in accordance with the Information Privacy Principles. Your personal information is being collected to process your application. Council may use your personal information for the purposes of processing your application. Council is regarded as the agency that holds the information and will not disclose your personal information without your consent unless authorised or required by law. You may apply to access or amend your information by contacting Council on 9330 6400 or at mail@georgesriver.nsw.gov.au.

