Christian Brothers College Outside School Hours Care

Direct Debit Request & Authority

Parent/Caregiver(s) Full Name: _____

Child(s) Name: _____

Direct Debit Agreement and Acknowledgement

I/we request Christian Brothers College Adelaide to Direct Debit our OSHC Fees either via Credit Card or Bank Account (provided below) for my child/ren booked into care at Christian Brothers College OSHC Service ID 190016886K.

I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled with Centrelink and if I fail to do so I will be responsible for paying full OSHC Fees.

I/we understand that payment of our account is my/our responsibility and payment terms of fees are 7 days.

I/we understand it is the account holder responsibility to ensure that financial institution details provided are current and to inform Christian Brothers College Adelaide of any changes.

Dishonour fees

In the event your Direct Debit is dishonoured Christian Brothers College Adelaide will charge a dishonour fee to your account.

Default Payment

In the event of default payment of OSHC Fees, Christian Brothers College Adelaide reserves the right to disclose your personal information to a debt collection agency.

Should my/our account be placed with a debt collection agency, then I/we agree to pay all collection and legal expenses relating to the recovery of my/our account, and any default debt may be reported to a credit reporting agency.

I/we request and authorise Christian Brothers College Adelaide to arrange through its own financial institution, for any amount Christian Brothers College Adelaide may charge you to be debited through the Bulk Electronic Clearing System from a nominated Credit Card and/or Bank Account as provided below.

I authorise for the full amount owing on my OSHC Fee Account to be debited weekly from my Credit Card and/or Bank Account provided.

Signature: _____   Date: __ __ / __ __ / __ __

Office Use Only   Date Received: __ __ / __ __ / __ __   Initials: _____

Direct Debit Payment Details

Credit Card	Name on Card: _____ ☐ VISA ☐ MasterCard
	Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
	Expiry: __ __ / __ __ CVV: __ __ __
Bank Account	Account Name: _____
	BSB: _____ Account Number: _____

THE WORLD BEFORE US.