



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: _____	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
	Number: _____		
	Expiry: ____ / ____	CVV: ____	
Bank Account	Account Name: _____		
	BSB: _____	Account Number: _____	

Christian Brothers College

An R-Year 12 Catholic College for Boys in the Edmund Rice Tradition
214 & 324 Wakefield Street, Adelaide SA 5000
T 08 8400 4200 enquiries@cbc.sa.edu.au www.cbc.sa.edu.au

**THE
WORLD
BEFORE
US.**