



# DIRECT DEBIT REQUEST

Request to establish Debit Authority within the Direct Debit or Credit Card System

CHILDS NAME.....

Financial Institution Name:

Institution Address:

City, State and Postcode: (to be completed by customer)

I/We Ms/Mrs/Miss \_\_\_\_\_ and/or

Mr \_\_\_\_\_

Customer Name(s) giving Direct Debit or Credit Card Request

\_\_\_\_\_ Customer Residential Address

\_\_\_\_\_ Postcode \_\_\_\_\_

Authorise **Ryan Road Childcare ABN 70 225 422 103** with User ID Number **345012** to arrange for funds to be debited from my/our account, held with the Financial Institution identified above, as described in The Schedule below. I am aware of the services fees policy and understand that fees will be deducted according to this policy and the attached service agreement.

### Payment Details:

The payment is for: CHILDCARE (this will appear on your statement)

Identified by Reference Information : (Loan Number / Policy Number /Invoice Number etc.)

## THE SCHEDULE

### Details of bank account to be debited:

Account held in the name(s) of: \_\_\_\_\_

Financial Institution's BSB :  -

Account Number:

(Please check with your Financial Institution to ensure the account nominated will facilitate direct debiting. See attached Service Agreement Clause 6).

## OR

### Details of credit card to be debited:

Name on card: \_\_\_\_\_ Mastercard OR VISA (please circle one)

Card No :  -  -  -

Expiry Date:  -  Last 3 digits on back of card

Signature: \_\_\_\_\_

## DIRECT DEBIT REQUEST AUTHORISATION

I/We have read and understood the "Service Agreement" below and acknowledge and agree to it.

I/We request this Arrangement remain in force in accordance with The Schedule described above and in compliance with the "Service Agreement" below.

Customer(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**BOND:** On Thursday \_\_\_\_\_ of \_\_\_\_\_ please Direct Debit the amount of \$ \_\_\_\_\_ from my bank account.  
This amount being made up as follows :

Enrolment Fee : \$30.00 (per child) \$ \_\_\_\_\_  
Bond : (minimum \$168) \$ \_\_\_\_\_

**CHILDCARE FEES:** On Thursday \_\_\_\_\_ of \_\_\_\_\_ please commence Direct Debit of my childcare fees.

Thereafter, the full amount of outstanding fees will be debited from my account weekly. I understand that the FAO may change my CCB at anytime therefore I will ensure that I contact the Centre if I am unsure of the amount to be debited from my account.

Signed:

Date:

## SERVICE AGREEMENT

1. **Ryan Road Childcare** (the "Debit User") will debit the BSB/Account or Credit Card nominated in The Schedule of this Direct Debit Request as specified.
2. **Ryan Road Childcare** will give not less than 14 days written notice to the customer should it propose to vary the arrangements of this Direct Debit Request.
3. **Ryan Road Childcare** will charge a 1.05% surcharge on all credit card transactions.
4. The customer(s) may request **Ryan Road Childcare** to defer or alter the payment amount specified in the Schedule of this Direct Debit Request. Requests authorising these changes may be made by phoning or written advice to **Ryan Road Childcare**. Customer(s) may change the:
  - Due Date of Payment
  - Payment Amount
  - Frequency of Payment

However any arrangement must ensure that fees are not outstanding. Customer(s) wishing to vary the drawing account details specified in The Schedule of this Direct Debit Request must provide signed authority for such changes to be effected.

5. In compliance with the Industry's Direct Debit Claims Process, **Ryan Road Childcare** will assist customer(s) disputing any payment amount drawn on the nominated BSB/Account or Credit Card in The Schedule of this Direct Debit Request. **Ryan Road Childcare** will endeavour to resolve this matter within the Industry agreed timeframes. Customer(s) may visit any branch of their financial institution and complete a "Direct Debit System Claim Request" form to initiate the process.
6. **Ryan Road Childcare** advises that some Financial Institution accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution to ensure the account nominated in The Schedule of this Direct Debit Request enables direct debiting.
7. It is the customer(s) responsibility to ensure at all times there is sufficient cleared funds available, at the due date of the debit drawing, to enable payment from the BSB/Account or Credit Card as nominated in The Schedule of this Direct Debit Request.
8. **Ryan Road Childcare** advises the debit drawing will be made on the agreed due date as nominated in The Schedule of this Direct Debit Request. When the due date is a closed business day **Ryan Road Childcare** will initiate the debit drawing on the next open business date. Customer(s) may direct processing inquiries to their financial institution.

A closed business day is defined as any calendar day on which the customer(s) financial institution is not open for direct debit processing. That is

- Weekends
- Public Holiday – State
- Public Holiday – National

9. Where an unpaid debit item is returned by the customer(s) financial institution, **Ryan Road Childcare** will, apply an Outward Dishonor Fee to the customer(s) account.
10. Customer(s) who wish to cancel this Direct Debit Request must notify **Ryan Road Childcare** in writing not less than 7 days before the next scheduled debit drawing. This request may be directed to **Ryan Road Childcare** or to a customer(s) financial institution.
11. **Ryan Road Childcare** requests the customer(s) to direct all inquires, disputes, requests for payment, changes or cancellation directly to them.
12. **Ryan Road Childcare** agrees to keep confidential all customer(s) records and account details contained in The Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer(s) has provided prior consent to do so.