

Credit Card Direct Debit Permission Form



I _____ give permission for Belconnen Community Service (BCS) to automatically deduct from my credit card account fees related to childcare services as invoiced on a fortnightly basis. I understand that if the cost of childcare services used exceeds the nominated maximum payment below, BCS will process the maximum payment and I will bear the responsibility to arrange alternative payment for the balance of the invoice in accordance with BCS payment terms and conditions of care.

Commencement: Immediately on the next debit cycle; or ___/___/___

Please debit: (please circle your chosen option)

1 - Maximum Payment / Authorised Limit: _____

OR

2 - Balance owing on current invoice

Debit Cycle: Fortnightly (on a Thursday)

Harmony Reference Number: **FO**_____

Qikkids Reference Number: _____

Parent Surname: _____

Parent First Name: _____

Cardholder's Name: _____

Card Type (please circle): Visa MasterCard

Card Number: _____

Expiry Date: _____

Cardholder Signature: _____

I give permission for above details to be kept securely with BCS Children's Services Administration Team to enable the processing of my childcare payment.

Signed: _____ **Date:** _____

Belconnen Community Service Inc
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