

Education and Care Services

Education and Care Services - Direct Debit Request Authority

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998.* Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education and Communities (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation

Request and Authority to debit the account named below to pay Campbelltown City Council												
I (full name)request and authorise Campbelltown City Cou (93533) to arrange for any amount Campbelltown City Council may debit or charge me to be debited through Bulk Electronic Clearing System from an account held at the financial institution identified below subject to terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below									rough the ect to the			
In accordance with Council's policy, your child care account must remain at least one week in advance at all times. Accounts paid fortnightly (two weeks ahead) or monthly (credit card payments only - one month ahead). Please ensure your payment is sufficient to meet this requirement.												
Please complete either Section 1 or 2 below as well as Section 3:												
1. Financial Institution Deductions												
Insert the name and address of financial institution at which account is held		Financial institution name										
		Branch										
located data the affile a fear le		Account name										
Insert details of the bank account to be debited		BSB number										
	•	Bank account number										
Details of direct debit (bank account ONLY)		☐ Please deduct an amount of \$weekly or \$fortnightly.										
2. Credit Card Account Deductions												
Details of direct debit (credit card ONLY)	Please deduct an amount of \$ o 23 rd) of each month (+ MSF*). *ALL CREDIT CARD PAYMENTS WILL INCUR (MSF) SURCHARGE AS PER THE CURRENT						JR A	MERC	CHANT	SERVIC		
Insert credit card details to be debited		Type of card			Mastercard/Visa							
	Credit card number			iviasici calu, visa								
	Card expiry date			/ CCV								
	Cardholders name											
	Cardholders signature											
3. This section must be	complete	ed by the C	Child Care Acc	coui	nt H	olde	er					
Insert your child care account number signature, date, address and contact details	Child ca	re accoun	t number									
	Name											
	Address	ress										
	Phone (ł	one (home)										
	Phone (r	nobile)										
	Email address											
	Signatu	Signature								Date		
Please return this application to Education and Care Services PO Box 57, CAMPBELLTOWN NSW 2560												
Office Use Only												
Payment commencement date:												

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