



THE CUBBYHOUSE

PRESCHOOL AND LONG DAY CARE

ABN: 64083942858

41 Polwood Street Kempsey 2440 Phone (02) 6562 8591 Fax (02) 6562 1709

54 Pulteney Street Taree 2430 Phone (02) 6551 2100 Fax (02) 6557 8067

1316 Gloucester Road Wingham 2429 Phone (02) 6553 0111 Fax (02) 6553 0999

Direct Debit Request Form

I request Icywave Pty Ltd direct debit my bank

account or credit card as per the attached direct debit request form/ details previously provided, an amount of

\$.....

for child care fees each week / fortnight / month commencing on the/...../.....

My Childs name is

Account name.....

My child attends Cubbyhouse Kempsey / Taree / Wingham (please circle)

Regards and thanks

Signature:.....

Date:.....

Office Comments

.....
.....
.....

Office Use Only.

Date received:.....

Name:.....

Scanned/Print to home:



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Direct Debit Request

Request and Authority to debit the account named below to pay
Icywave Pty Ltd

Request and Authority to debit

Your Surname or company name _____

Your given names or ABN _____

Request and authorise Icywave Pty Ltd 64083942858 to arrange, through its own financial institution, a debit to your nominated account or credit card any amount Icywave Pty Ltd, has deemed payable to you.

This debit or charge will be made through the bulk electronic clearing system (BECS) from our account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Choose either

Bank Account Credit Card

Bank Account

Insert the name and address of financial institution at which the account is held

Financial institution name _____

Address _____

Insert details of account to be debited

Name/s on account _____

BSB number - Account

OR

Credit Card

Insert details of credit card to be debited

Name/s on credit card _____

Card Number

CCV No. Expiry date /

Credit card type Mastercard Visa

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Icywave Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature _____ Date ____ / ____ / ____

Address _____

Second account

Signature _____ Date ____ / ____ / ____

signatory (if required)

Address _____