



# Bonny Babes Enrolment Form

<input type="checkbox"/> <b>Bonny Babes Christian Childcare Centre</b>  <b>Hope Island</b>  77 Crescent Ave Hope Island QLD 4212  <b>Phone: 55308579</b>	<input type="checkbox"/> <b>Bonny Babes Christian Childcare Centre</b>  <b>Coomera</b>  16 Yaun Street Coomera QLD 4209  <b>Phone: 55199722</b>
Email: <a href="mailto:bonnie@bonnybabeschildcare.com.au">bonnie@bonnybabeschildcare.com.au</a> Website: <a href="http://www.bonnybabeschildcare.com.au">www.bonnybabeschildcare.com.au</a>	

Child's Surname	
Child's First Name	
Child's Date of Birth	
Child's CRN Number	
Child's Address	
Child's Sex	Male / Female
Child's Religion	
Languages Spoken	
Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes Aboriginal <input type="checkbox"/> Yes Torres Strait Islander
Does your child attend another centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes please nominate days/hours to be claimed at Bonny Babes</small>

## Permanent Weekly Bookings (Days Needed)

Monday	Tuesday	Wednesday	Thursday	Friday

## Office Use Only

Start Date		Immunisation Record	
Class of Entry		Birth Certificate	
Confirmation of Days		Copy of Drivers Licence	
Siblings		CWA Signed	

**Parent/Carer 1 Details**

Parent registered at Human Services for fee relief CCS

Parent/Carer Full Name	
Parent CRN for CCS	
Parent Date of Birth	
Parent/Carer Email Address	
Parent/Carer Mobile Number	
Parent/Carer Home Address	
Parent/Carer Work Phone	
Place of Employment/Occupation	
Relationship to Child	
Drivers Licence Number	

**Parent/Carer 1 Cultural Details**

Aboriginal or Torres Strait Islander Background	
Cultural Background	
Languages Spoken	
Religion	

<b>Parent/Carer 2 Details</b>	
Parent/Carer Full Name	
Parent Date of Birth	
Parent/Carer Email Address	
Parent/Carer Mobile Number	
Parent/Carer Home Address	
Parent/Carer Work Phone	
Place of Employment/Occupation	
Relationship to Child	
Drivers Licence Number	
<b>Parent/Carer 2 Cultural Details</b>	
Aboriginal or Torres Straight Islander Background	
Cultural Background	
Languages Spoken	
Religion	

**Child's Medical Information**

Medical Clinic Name

Doctors Name

Clinic/Doctors Contact  
Number

Child's Medicare Number

Hospital Preference

Private Medical Insurance Yes / No

Insurance Fund/  
Membership Number**Has your child been Immunised? Yes / No**If **Yes**, please provide a copy of your child's officially recognized immunisation scheduleIf **No**, please write a letter outlining this to be attached to the enrolment form, including that you understand that your child may be required to be excluded from the service, as a precaution to the spread of a contagious disease.**Has your child had any of these illnesses? \*If so please provide details**

- Measles: **Yes / No** Age: \_\_\_\_\_ Seriousness: \_\_\_\_\_
- Rubella **Yes / No** Age: \_\_\_\_\_ Seriousness: \_\_\_\_\_
- Chicken Pox: **Yes / No** Age: \_\_\_\_\_ Seriousness: \_\_\_\_\_
- Mumps: **Yes / No** Age: \_\_\_\_\_ Seriousness: \_\_\_\_\_

**Other Medical History of the child that we should be aware of:**

- Does the Child have any specific health care needs or conditions? **Yes / No**
- Does the Child have any allergies? **Yes / No**  
**Please explain allergy and provide copy of plan**  
\_\_\_\_\_
- Has the Child been diagnosed as someone who is at risk of anaphylaxis? **Yes / No**
- Does the Child have any dietary restrictions? **Yes / No**

**If you answered yes to any of the above, please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.**

Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date, from its original container, bearing the original label and instructions and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner. – *Education and Care Services National Regulations. Part 4.2, Regulation 95*

## Medical Authorisation

Do you authorise for the nominated supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?

Yes  No

Do you authorise for the nominated supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?

Yes  No

Do you authorise for the nominated supervisor or other educator at the service to seek to transport the child in an ambulance in the event of an emergency?

Yes  No

Do you authorise for the nominated supervisor or other educator at the service to administer general first aid products as per the manufacturers recommendations? (eg. paw paw cream, nappy cream, stingoes, insect repellent)

Yes  No

Do you authorise for the nominated supervisor or other educator at the service to administer Panadol or Nurofen as per the manufacturers recommendations that suit the child's age and weight?

Yes  No

A Parent/Carer or Emergency contact will be contacted each child time the child may require this. Should you wish that the child only to be administered with Panadol or Nurofen under certain circumstances, please outline these below -

I understand the potential risks and side effects of this medication for my child

Yes  No

In the event of an emergency, I agree to collect my child as soon as possible

Yes  No

In order to prevent a double dosage of medication being given to your child, please be advised that you must inform us if you have or haven't given your child their morning dosage before they arrive at Bonny Babes Childcare. If you have not advised us, we will make contact before giving your child medication.

Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. – Education and Care Services National Regulations, Part 4.2, Regulation 94

Parent/Carer 1 Signature

Parent/Carer 2 Signature

## Emergency Contacts/Authorised Nominees

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. Education and Care Services National Regulations – Part 4.7, Regulation 161

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

### Emergency Contact 1 Details

Emergency Contact Full Name	
Emergency Contact Phone Number	
Emergency Contact Work Phone Number	
Emergency Contact Email Address	
Emergency Contact Address	
Relationship to Child	

### Authorisation

This person is authorised to:

Drop off / Pick up the child to/from Bonny Babes Childcare Centre

Be contacted in an emergency concerning the child

Authorise Bonny Babes Childcare to administer medication to the children

Authorise Bonny Babes Childcare to seek medical treatment from a registered medical practitioner, hospital or ambulance service, including transportation of the child by an ambulance service.

*In case of an emergency, Bonny Babes Childcare Centre staff will contact Parents/Carers initially. If contact is unsuccessful, the emergency contact will be called as per the authorisations.*

## Emergency Contacts/Authorised Nominees

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. Education and Care Services National Regulations – Part 4.7, Regulation 161

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

### Emergency Contact 2 Details

Emergency Contact Full Name	
Emergency Contact Phone Number	
Emergency Contact Work Phone Number	
Emergency Contact Email Address	
Emergency Contact Address	
Relationship to Child	

### Authorisation

This person is authorised to:

Drop off / Pick up the child to/from Bonny Babes Childcare Centre

Be contacted in an emergency concerning the child

Authorise Bonny Babes Childcare to administer medication to the children

Authorise Bonny Babes Childcare to seek medical treatment from a registered medical practitioner, hospital or ambulance service, including transportation of the child by an ambulance service.

*In case of an emergency, Bonny Babes Childcare Centre staff will contact Parents/Carers initially. If contact is unsuccessful, the emergency contact will be called as per the authorisations.*

**Details of other people who can collect the child**

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child. This list may be added to throughout the year. Please list people in the preference you would like them to be contacted. **Individuals must be able to produce identification when collecting the Child.**

**Person 1 authorised to collect child**

Full Name	
Phone Number	
Work Phone Number	
Address	
Relationship to Child	

**Person 2 authorised to collect child**

Full Name	
Phone Number	
Work Phone Number	
Address	
Relationship to Child	

**Court Orders Relating to the Child**

**1)** Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

**Yes / No**

If yes, please provide all relevant documentation and paperwork

**2)** Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? **Yes / No**

If yes, please provide all relevant documentation and paperwork.

***Please note that without this documentation we cannot legally enforce the Order/s.***



## Sun Protection Policy

As per our Sun Protection Policy we suggest all children to be protected against the sun with SPF 30+ sunscreen when exposed to sunlight. Our service offers sunscreen for all children. If your child is allergic, sensitive or you would like another brand used, please be advised that we ask that you provide this brand. We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service in the morning. Copies of our Sun Protection Policy are available for families to view. Please ask our educators to supply you with one.

### **Please Circle the statements applicable to you:**

- **YES** – I will apply SPF 30+ sunscreen to my child before coming to the service.
- **YES** – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required.
- **NO** – I will not apply SPF 30+ sunscreen to my child before coming to the service.
- **NO** – Do not reapply SPF 30+ sunscreen to my child throughout the day.

Parent/Carer 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please Circle the statements applicable to you:**

- **YES** – I will apply SPF 30+ sunscreen to my child before coming to the service.
- **YES** – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required.
- **NO** – I will not apply SPF 30+ sunscreen to my child before coming to the service.
- **NO** – Do not reapply SPF 30+ sunscreen to my child throughout the day.

Parent/Carer 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy Disclaimer

Privacy Disclaimer Bonny Babes Childcare Centre acknowledges and respects the privacy of its clients. The information that is being collected by Bonny Babes is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipient of this information is Bonny Babes childcare centre, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the service's Confidentiality Policy.

## Agreement Form

Bonny Babes is required to collect and use personal and health information about families. This information is required to ensure the health and safety of your child whilst in our care, and to meet legislative requirements set down in the Commonwealth Child Care Program Handbook (Child Care Act 1972). As it is legislative requirement, failure to provide the required information will result in nonacceptance of your child's enrolment. The information you provide will only be utilised by Bonny Babes staff if it has a bearing on your child. All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure. Information may also be made available to the following departments on request: \*The Office of Early Childhood Education and Care \*DEEWR

Please complete and sign the following:

- I / We agree to pay an enrolment fee of \$50 per family. This is understood to be a non-refundable payment, this is not a bond. This will entitle you to an enrolment package.
- I / We agree to pay fees weekly for the days our child is booked in at the centre, using the Ezi-Debit Direct, payment system.
- I / We understand that fees are payable even when our child is absent from the centre due to illness or family holiday.
- I / We understand that 2 weeks notice is required if we wish to withdraw our child from the centre and agree to complete the required exit forms. I / We agree to pay full fees for the 2 weeks notice if my child does not attend the centre for this period.
- I / We agree that if my child does not attend the last two weeks of intended exit, we acknowledge that we will be liable for full fees as Services Australia will not pay any Child Care Subsidy for last day absences.
- I / We understand that under the Child Care Management System, families are entitled to receive 42 days paid absences, holidays, sick days and public holidays are included in this.
- I / We understand that any make up days for absences must be taken within the same calendar week as the absence, otherwise fees will apply as normal.
- I / We understand that once all of my 42 absences have been used, no fee relief will be paid on an absent day. Full fees will be charged for that day. If my child is absent due to illness, a doctors certificate will be required in order to apply for additional absence where fee relief is payable.
- I / We as parents will endeavour to work in conjunction with the centre's policy to foster the well being of our child.

Parent/Carer 1 Signature		Date	
Parent/Carer 2 Signature		Date	
Witnessed by Staff		Date	
Staff member name			

## Privacy Statement

As a child care centre, Bonny Babes must ensure that you, as parent or guardian of your child, fully understand the National Privacy Principles and the manner in which we must use your private information, and your child's private information, in order to carry out our role as a child care centre.

As child care centre operators we collect personal information about you. All unpaid child care provided by the Centre to your child is provided to you on credit. The Centre is a credit provider in accordance with the Privacy Act 1988 (Cth) (Act).

### Purpose

We collect your personal information to ensure that we hold adequate information in relation to you and your child and to ensure that you are able to pay for our costs of providing your child with care.

To carry out this role, and during the term of your child's care, we usually disclose your personal information to:

- Marshall Freeman Debt Collection Agency

Your personal information includes, but is not limited to, your name, your child's name, your address, your child's address, your / your spouse's customer reference number, your child's customer reference number, your / your spouse's driver's license number, your / your spouse's Medicare number, your / your spouse's payment history. We may also use your personal information to conduct searches in relation to your present / past payment history.

If your personal information is not provided to us, and you do not consent to the uses to which we put your personal information, we cannot properly assess whether you will be able to pay for your child's care, or whether we will have sufficient funds to carry out our duties as a child care centre. Consequently, we then cannot provide your child with care.

The Centre will take all necessary steps to protect your personal information in its possession against misuse or loss and it will return all such information to you (or if requested by you, destroy or de-identify such information) upon termination or expiry of this agreement. This clause will survive the termination or expiry of this agreement.

By signing the below you agree:

- (a) With the above Privacy Statement;
- (b) That the Centre may obtain personal information about me/us, including a credit check from other credit providers or a credit reporting agency
- (c) That the Centre may give your personal information to Marshall Freeman

Parent/Carer 1 Name			
Parent/Carer 1 Signature		Date	
Witnessed by Staff		Date	
Staff member name			
Parent/Carer 2 Name			
Parent/Carer 2 Signature		Date	
Witnessed by Staff		Date	
Staff member name			



# **Bonny Babes Fee Schedule 1<sup>st</sup> August 2023**

**ABN: 788 9301 1050**

**Please tick agreed fee schedule**

**Centre Opening Hours: 6.30am-6.30pm**

Infants & Junior Toddlers: \$140.90 per day (Nappies & wipes provided)

Toddlers to Prep One: \$138.90 per day

## **Compulsory Curriculum**

**Ready Steady Go** \$35.00 term Fee (juniors to pre-prep)

Term 1 & 3 Juniors & Kindy

Term 2 & 4 Prep 1 & 2

## **Extra Curricular activities (not compulsory)**

SIBA Soccer- Juniors up to Prep \$80 per term

Intro Tennis – all ages and this is \$60 per 5 sessions.

All these options are directly paid to the chosen sport. Please see reception if you would like to sign up.

## **Care Provided Options: (please tick preferred options)**

**Routine Care:** care that can only occur on the specified days that have been agreed to. There can be no flexibility for changing agreed arrangements with the family.

**Casual Care:** entirely casual under an agreement that does not specify which specific days a child will attend care from week to week.

**Flexible Care:** care under an agreement that allows for some flexibility from week to week surrounding a set of agreed routine days. It's important to note that if these changed become a consistent pattern, the information that forms the CWA will need to be updated.

## **Days Agreed on with approximate hours used.**

<b>Monday <input type="checkbox"/></b>	<b>Tuesday <input type="checkbox"/></b>	<b>Wednesday <input type="checkbox"/></b>	<b>Thursday <input type="checkbox"/></b>	<b>Friday <input type="checkbox"/></b>
Room:	Room:	Room:	Room:	Room:
Hours:	Hours:	Hours:	Hours:	Hours:

Bonny Babes requires all families to have a Complying Written Arrangement between the service and the Parent/Guardian, to provide care in return for payment of fees as per set out in the *Family Assistance Administration Act 200B(3)*.

## **Bonny Babes Fee Schedule 1<sup>st</sup> August 2023**

I / We agree to pay an enrolment fee of \$50 per family. This is understood to be a non-refundable payment, this is not a bond. This will entitle you to an enrolment package.

### **Parent/Guardian Responsible for fees**

Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Child name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Date to start Agreement: \_\_\_\_/\_\_\_\_/\_\_\_\_

***I am aware that the agreed fee schedule as above may change or vary from time to time. As a result from this, I am aware that I will still be liable to pay the gap fee of the service provided by Bonny Babes.***

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Management Name: \_\_\_\_\_

Sign: \_\_\_\_\_



# Bonny Babes Childcare Centre Coomera



ACN 601 396 543 | Authorised Representative under AFSL 315388

## DIRECT DEBIT REQUEST

PH: 0755199722  
ABN/ACN: 89 093 888 156

## NEW CUSTOMER FORM

### YOUR DETAILS | Please complete this form using a BLACK PEN. \* Indicates a MANDATORY FIELD

Business:	Ephraim Enterprizes Pty Ltd	ABN/ACN: 89 093 888 156	<b>100-387-174</b>
Customer Reference:	<input type="text"/>		
* Surname:	<input type="text"/>	* Given Name:	<input type="text"/>
* Mobile #:	<input type="text"/>		
* Email:	<input type="text"/>		
* Address:	<input type="text"/>		
* Suburb:	<input type="text"/>	* State:	<input type="text"/>
		* Postcode:	<input type="text"/>

### DEBIT ARRANGEMENT | Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

I/We authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (User ID 342190, 342191, 428198) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by Ephraim Enterprizes Pty Ltd ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the DDR Service Agreement (Ver 1.11).

Administration Fee(once only) up to:	Paid By Business	Bank Account Transaction Fee:	Paid By Business	Credit Card Transaction Fee:	VISA/Mastercard: 2.27% (Min \$0.66) AMEX/Diners: 4.40% (Min \$0.66)	Optional SMS Payment Reminder:	N/A	Failed Payment Fee:	\$14.80
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### CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA     
  MasterCard     
  AMEX     
  Diners

Card Number:

Expiry Date:  /   /

Name of Cardholder:

By signing this form, I/we authorise Global Payments Australia 1 Pty Ltd, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.

Debit from Bank, Building Society or Credit Union Account

Financial Institution:  Branch:

BSB Number:  -  Account Number:

Account Holder Name:

I/We authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (User ID No 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request.

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.11). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-policy/>

Signature(s) of Account Holder:

Date:  /  /   /

D D M M Y Y



## DDR SERVICE AGREEMENT (Ver 1.11)

### DDR Service Agreement (Ver 1.11)

I/We hereby authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (Direct Debit User ID number 342190, 342191, 428198) (referred to as "Ezidebit") to make periodic debits on behalf of the Business (referred to as "the Business") as indicated on the attached Direct Debit Request which incorporates this DDR Service Agreement.

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services) to me/us for the Business pursuant to the Direct Debit Request and has no express or implied liability in relation to the goods and services provided or to be provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our nominated card or bank account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement including the Fees/Charges in the Direct Debit Request).

I/We acknowledge that the details of my/our nominated card or bank account should be verified (eg: against a recent card or bank statement) to ensure accuracy of the details provided and I/we will contact my/our financial institution if uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient available/cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the due date for the debit. Direct debits normally occur overnight, however transactions can take up to 3 banking business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the debit amount has been debited from the account. If there are insufficient funds available, I/we agree that Ezidebit will not be responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:

1. a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
2. a payment request is received by Ezidebit on a day that is not a banking business day in Sydney, NSW and Melbourne, VIC; or
3. there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.

Any payment that falls due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within my/our agreement with the Business or as may be agreed by me/us and the Business. I/We do not require Ezidebit to notify me/us of the variation to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request (including this DDR Service Agreement) including varying the Debit Arrangement.

I/We will contact the Business if I/we wish to alter or defer the Debit Arrangement. I/We acknowledge that any request by me/us to stop or cancel the Debit Arrangement will be directed to the Business.

I/We acknowledge that any dispute regarding a debit will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we will contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee (as referred to in the Debit Arrangement) may be payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and agree to pay those fees and charges to Ezidebit.

"Ezidebit" may appear as the merchant for a payment from my/our credit card (including a debit or charge card). I/We acknowledge and agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non supply of goods and/or services and that all disputes will be directed to the Business (as Ezidebit is acting only as a Direct Debit Agent for the Business). The Transaction Fee for a debit to a Credit Card calculated as a percentage may be subject to a minimum amount.

I/We appoint Ezidebit as my/our agent for the control, management and protection of my/our personal information (relating to the Business and this Direct Debit Request) which is disclosed to Ezidebit. I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Direct Debit Request or the Ezidebit Privacy Policy, Ezidebit will keep your personal information about your nominated account private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. The Ezidebit Privacy Policy can be found at <http://www.ezidebit.com/au/privacy-policy/>.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and this Direct Debit Request) to release and provide such information to Ezidebit.

I/We authorise:

1. Ezidebit to verify with my/our financial institution and/or correct, if necessary, details of my/our account; and
2. My/our financial institution to release information allowing Ezidebit to verify my/our account details.

PO Box 3327  
Newstead, QLD 4006  
Ph: (07) 3124 5500