



Credit Card Payment Slip

I give permission for Prospect Community Early Education and Care to debit my credit card to pay for my child care fees. I acknowledge that 0.89% fee will be charged per transaction to my account as per the centre policy.

I authorise my account to be cleared on a weekly/fortnightly/monthly basis beginning on / / .

I authorise payments of \$..... to be debited on a weekly/fortnightly/monthly basis beginning on / / .

I authorise a one off payment of \$..... to be debited on / / .

Card Number - - - - / - - - - / - - - - / - - - - expiry date --/--
CCV number --- Name on card: _____

I acknowledge the details listed on this form are true and correct to the best of my knowledge. I accept all legal and financial responsibility for this authorisation.

Signed.....Dated.....

Name.....

Witnessed..... Dated.....

Witness name:.....

Learn, play & grow with us