

Alphabeta Business Management Services Pty Ltd 36 Forge Street Blacktown, NSW 2148 (02) 9831 4001	<h2 style="text-align: center;">Direct Debit Request</h2> <p>Childs Name: _____</p> <p>OOSH Service: _____</p>
<p style="text-align: center;">Request and Authority to debit the account named below to pay Alphabeta Children's Management Services Pty Ltd</p>	
Request and Authority to debit	<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ "you"</p> <p>request and authorise Alphabeta Children's Management Services Pty Ltd to arrange, through its own financial institution, a debit to your nominated account of the amount Alphabeta Children's Management Services Pty Ltd, has arranged with <i>you</i> to be owing for Child Care Fees, as per the Schedule of Payments attached or by the Statement of Accounts emailed to <i>you</i>. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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.</p>
Debit from Credit Card Details	<p>Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/></p> <p>Card Number _____ Expiry Date: _____</p> <p>Name of Cardholder _____</p>
Insert the name and address of financial institution at which account is held	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
Debit from Bank Account	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ - _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
Acknowledgment	<p>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 Alphabeta Children's Management Services Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.</p>
Insert your signature and address	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date _____</p>
Second account signatory (if required)	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ____ / ____ / ____</p>