

Parent Set Up Form


CENTRE DETAILS:

Centre Name	Centre ID
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PARENT DETAILS:

Parent Name	
Family ID (from centre)	
Address	
Email Address <small>For welcome email & payment alerts</small>	
Mobile Phone	04 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Other Daytime Phone	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Date of Birth <small>For ID purposes only</small>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Child Name(s)	

PAYMENT DETAILS:

Payment Method	You authorise your nominated Child Care service to debit the full balance of your child care fees at the regular intervals as per your agreement with them.
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Payment Account <small>Choose credit card, debit card or bank account.</small> 	Card Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Expiry Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Card Name:
	BSB: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Bank Account Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Account Name:

Payment Confirmation <small>Receive payment confirmations</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SIGNATURE:

DECLARATION: I hereby register with ChildCare EasyPay (CEP) & authorise CEP and/ or my ChildCare service provider (CCSP) to process payments from my nominated account in accordance with this Parent Set up Form (PSF), Direct Debit Service Agreement (DDSA) & the Terms & Conditions (TC) at www.childcareeasypay.com.au. I understand that transaction fees apply of including GST 0.88% for bank account payments, 1.54% for Visa/ MasterCard payments or 2.42% for American Express payments. Other fees may apply including for failed payments – see full TC for details. By signing this PSF, I confirm the information above is true & correct, that I have read, understand & agree to be bound by the PSF, DDSA & TC. I understand that this arrangement will remain in place until such time as it is cancelled by me, my CCSP or CEP. **DIRECT DEBIT REQUEST:** I/ we request that moneys due in terms of the repayment arrangements covered by this document, be drawn by Zenith payments Pty. Ltd ABN: 71 083 359 684. t/a ChildCare EasyPay (User ID 429018) under the Direct Debiting System from my/ our account stated above. I/ we acknowledge that this Direct Debiting arrangement is governed by the terms of the Direct Debit Service Agreement received from you. **Please note: Payments will appear on your account as 'CHILDCARE PAYMENT CEP AUSTRALIA AU'.**

Account Holder Signature(s):	_____ PLEASE SIGN – Are two signatories required for joint accounts? Date: _____
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CENTRE USE ONLY:

Once received, set up by logging into www.childcareeasypay.com.au For assistance, email: centresupport@childcareeasypay.com.au	SET UP DATE:	
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