



**Fernhill Rd Pre School and Long Day Care Centre**

**AUTHORITY FOR DIRECT DEBIT**

**I elect to pay our child care fees via direct debit from the following credit card:**

Childs Name: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card No: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Period:      *Weekly/Fortnightly*      On a: *Mon/Tue/Wed/Thu/Fri*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_