



THE SUMMIT AFTER SCHOOL AND VACATION CARE

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: _____