



How to Enrol

1. Complete Enrolment and Direct Debit Form (Please complete all answers, if something does not apply to you, please write "N/A")
2. Provide child's birth certificate and Medicare immunisation status (If not attached, enrolment is deemed incomplete)
3. Inform us of any:
 - medical conditions (Complete action and communication plans)
 - court orders
 - cultural or dietary requirements (We have our own menu, but you may bring your own food. There is no change to cost.)
4. Book your child's orientation (We cannot finalise the enrolment unless your child has attended an orientation)
5. Wait for enrolment confirmation via statement to your email
6. Confirm CCS with Centrelink if applicable

OUT OF SCHOOL HOURS CARE ENROLMENT FORM

Service Name: Shiny Star Play Centre OSHC

Phone Number: 02 9746 5255

Address: 1 George St, North Strathfield NSW 2137

Email: oshc@shinystarplaycentre.com.au

Child's Details

First Name:		Middle Name:	
Surname:		Preferred First Name:	
Gender:	FEMALE / MALE	Date of Birth:	
Country of Birth:		Residency Status:	
Home Address:			
Child Normally lives with:			
Primary School Attending:		Year Level:	
Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both		
Cultural Background:	<i>(outline any cultural practices you would like followed):</i>		
Does your child speak a language other than English at home?		YES / NO	
		<i>If yes, please list:</i>	
Religion:	<i>(outline any cultural practices you would like followed):</i>		
Desired Start Date:			

COMPLYING WRITTEN ARRANGEMENT

The Approved Provider and a parent/guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an ongoing agreement between the ECEC service provider and parent or guardian to provide care in return for fees
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This Written Arrangement between (Parent/guardian Full name) _____ and **Shiny Star Play Centre OSHC** is an ongoing agreement between the Out of School Hours Care Service provider and the parent or guardian, to provide childcare in exchange for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B (3) of the Family Assistance Administration Act.

Arrangement Type	Complying Written Arrangement				
Name of Service	Shiny Star Play Centre OSHC				
Service ID	SE-40000006				
Parent's Full Name					
Parent's Date of Birth					
Parent CRN					
Date the arrangement was entered					
Full Name of Child attending care					
Child's Date of Birth					
Child CRN					
Expected Session of Care	Mon	Tues	Wed	Thurs	Fri
After School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Arrangement	Routine Care <input type="checkbox"/>		Casual Care <input type="checkbox"/>		
Vacation Care	Casual <input type="checkbox"/>				
Fees to be charged to the individual for the sessions of care provided	Fees	Hours	Session Time Start	Session Time End	
After School Care	\$40	3.5 hours	3:00pm	6:30pm	
Vacation Care	\$110	11.5 hours	7:00am	6:30pm	

Note: Proposed fees can be detailed by reference to other material such as fee schedule or information on website maintained by the provider. Parties understand and are aware fees may vary from time to time.

Parent/Guardian Details

	Primary Parent/Guardian	Secondary Parent/Guardian
Surname:		
First Name:		
Middle Name:		
Other names by which known:		
Date of Birth:		
Relationship to Child:		
Home Address:		
Email Address:		
Mobile Contact Number:		
Work Contact Number:		
Occupation:		
Country of Birth:		
Cultural Background:		
Aboriginal or Torres Strait Islander:	Please circle: Yes / No	Please circle: Yes / No
Does the child normally live with you?	Please circle: Yes / No	Please circle: Yes / No

Family Law, AVOs, or Other Relevant Court Order

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	YES / NO
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	YES / NO
If "yes", you are required to supply a copy. The manager must be notified immediately of any change in circumstances. If there are no custody or access orders from the courts, we cannot refuse a parent access to their child if they can prove they are the parent.	

Health and Wellbeing

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible.

Child's Medicare Number:		Reference Number:		Medicare Expiry Date	
Private Health Fund:			Membership Number:		
Ambulance Cover:	Yes / No				

Child's Doctor or Medical Service	
Service Name:	
Doctor Name:	Phone:
Address:	

Child's Dentist	
Service Name:	
Dentist Name:	Phone:
Address:	

Authorisations

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	YES / NO
Parent 1 Signature:	Parent 2 Signature:
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	YES / NO
Parent 1 Signature:	Parent 2 Signature:
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?	YES / NO
Parent 1 Signature:	Parent 2 Signature:

Medical Conditions

Does your child have a diagnosed medical condition?			YES / NO
Please provide details:			
Does your child need regular ongoing medication?			YES / NO
Please provide details:			
Does your child have any allergies or intolerances?			YES / NO
Allergies:		Risk of Anaphylaxis:	YES / NO
Has the allergies or intolerances been diagnosed by a medical professional?			YES / NO
Name of medical specialist/doctor currently treating your child for this condition:			
Phone Contact:			
Address:			

Does your child have a current Action Management Plan and Risk Minimisation Plan? (if yes, must provide) <i>Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.</i>			YES / NO
Has your child been prescribed an adrenaline autoinjector?			YES / NO
Parent 1 Signature:		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?			YES / NO
Parent 1 Signature:		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?			YES / NO
Parent 1 Signature:		Parent 2 Signature:	

Does your child have any special dietary requirements or restrictions?		YES / NO
Please provide details:		
Does your child have a medical condition other than allergies or anaphylaxis? (e.g., Asthma, Epilepsy, Diabetes)		YES / NO
Please provide details:		
Has this been diagnosed by a medical professional?		YES / NO
Name of medical specialist/doctor currently treating your child for this condition:		
Phone Contact:		
Address:		

Request for my child to self-administer prescribed medication

In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.

Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.

Do you agree to your child independently self-administer their own medication?		YES / NO
Please indicate the medication that your child has permission to self-administer (e.g. asthma reliever, enzymes for cystic fibrosis):		
Parent 1 Signature:		Parent 2 Signature:

Developmental Information

Does your child have any problems with hearing, sight or speech?		YES / NO
Please provide details:		
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?		YES / NO
Please provide details:		
Does your child require additional support for learning because of disability?		YES / NO
Please provide details:		
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?		YES / NO
Please provide details:		
Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced		YES / NO
Please provide details:		

Immunisation

Is your child's immunisation up to date?	YES / NO
AIR Immunisation History Statement/Form is provided?	YES / NO
If no, is AIR Immunisation History Statement Medical Exemption Form provided recording medical contraindication/natural immunity.	YES / NO
AIR Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	YES / NO

Medication Agreement

<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name • instructions and dosage can be clearly read • expiry date or use by date is valid • any verbal or written instructions provided by the medical practitioner must be provided by the parent/s or guardians <p>Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our <i>Administration of Authorised Medication</i> form.</p>			
Parent 1 Signature:		Parent 2 Signature:	

Emergency Contact

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. This **cannot be the same people who have been recorded as the child's parents/guardians** at the beginning of the enrolment form. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.

	First Emergency Contact	Second Emergency Contact
Surname:		
First Name:		
Middle Name:		
Other names by which known:		
Relationship to Child:		
Home Address:		
Email Address:		
Mobile Contact Number:		
Work Contact Number:		
Can this person be contacted to collect your child from the education and care service?	Please circle: Yes / No	Please circle: Yes / No
Can this person give consent for child to be taken off the centre's premises if you cannot be contacted?	Please circle: Yes / No	Please circle: Yes / No
Can this person be contacted to provide consent to administer medication and/or medical treatment if you cannot be contacted?	Please circle: Yes / No	Please circle: Yes / No
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Please circle: Yes / No	Please circle: Yes / No

Enrolment Agreement

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

	Parent/Guardian Initial	Manager Initial
<p>POLICY AND PROCEDURES</p> <p>I understand and agree:</p> <ul style="list-style-type: none"> - That I have read and am familiar with the Service's Policy Manual located in the foyer area and in the office. - To follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box. - That if any changes occur regarding my child's enrolment including changes to, home address, phone numbers, email address, change in the workplace etc, that I will notify the service in writing immediately. 		
<p>CODE OF CONDUCT</p> <p>I acknowledge that I have received, read, and understood Shiny Star's Family Code of Conduct and agree to abide by its guidelines. I accept that failure to do so may result in the outlined consequences.</p>		
<p>PHOTOGRAPHY AND VIDEO</p> <p>I understand and agree:</p> <ul style="list-style-type: none"> - For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service) - For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service - For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking) - For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources (parent consent will be requested prior to being posted) 		
<p>PROGRAMMING</p> <p>I understand and agree:</p> <ul style="list-style-type: none"> - That the service, for the purposes of the educational program, document for all children, assessments of their developmental needs, interests, experiences, and participation in the educational program. - To my email being used to receive daily books. - That the other children's families may see photos of my child during group activity classroom photos and displayed within the service. 		
<p>FEES</p> <p>I understand and agree:</p> <ul style="list-style-type: none"> - To pay the service enrolment fee (\$30) and bond (\$200 for each child – After School Care ONLY)) prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual. - To keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. - That all booked days are paid for even when my child is absent due to sickness or on holidays. - I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority. - To receive fee statements and receipts via email to the below address: <p>Please send to this email: _____</p>		

<p>ABSENCE</p> <p>I understand and agree:</p> <p>That if I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.</p>		
<p>CHILD CARE SUBSIDY</p> <p>I understand and agree:</p> <ul style="list-style-type: none"> - That under the Child Care Subsidy Scheme I am allowed 42 days absences within the financial year - To pay full fees for absent days if I exceed my 42 allowable absent days - That allowable absences must not be claimed for days where the child does not attend on their first booked days and that full fees will be payable for absences leading up to actual attendance. - That allowable absences must not be claimed for days where the child does not attend on their agreed start date and/or final day of enrolment, full fees will be charged. - To sign my child on the iPad when dropping off and picking them up, failure to sign will/may result in CCS being cancelled and full fees being charged for these days. - That failure to comply with any of the above Child Case Subsidy requirements will result in the service being unable to claim CCS, therefore, full fees will be charged. 		
<p>WITHDRAWAL / TERMINATION OF CARE</p> <p>I understand and agree:</p> <ul style="list-style-type: none"> - To provide two weeks written notice to withdraw my child or reduce booked days. - If 2 weeks' notice is given to decline the position before the agreed commencement date, the bond payment will be fully refunded. If notice is 1 week prior to commencement, then 1 week is refunded. Any notice less than 1 week, the total 2-week bond payment is non-refundable. 		
<p>HEALTH AND SAFETY</p> <p>I understand and agree:</p> <ul style="list-style-type: none"> - To give permission for my child to participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service) - That my child may have Band-Aids or sticking plasters applied when necessary - That my child may have staff apply Insect Repellent (supplied by parents). - I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature (38.5°C) and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child. - To give permission for prescribed medication to be administered by the Service primary contact staff upon my authorisation on the Service's Administration of Medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service. - That if my child suffers an emergency asthma attack or shows severe difficulty breathing whilst at the Service, first aid procedures will be administered immediately. A staff member with current First Aid qualifications may administer reliever medication from the Asthma Emergency Kit following the specific procedures. - To notify the service if any medication has been administered to my child within 6 hours of attending the service. - That the service may seek urgent medical, dental or ambulance transport to hospital in the event of my child being injured or becoming ill whilst at the Service or otherwise in the Service's care. - That if my child has no known allergy but appears to be having an anaphylactic reaction whilst at the Service, the Nominated Supervisor will immediately call an ambulance and a staff member with current Anaphylaxis Management training will follow the recommended treatment from the ambulance staff. This may involve administering an adrenaline auto-injector such as an EpiPen[®] from the Service's Emergency First Aid Kit. 		

<p>SAFE FOODS I understand and agree: That the service is a NUT FREE service and that if I want to bring in cupcakes/cakes for my child's birthday</p>		
<p>SUN PROTECTION: I understand and agree:</p> <ul style="list-style-type: none"> - That I have received information in relation to Sun Protection in the Family Handbook and will ensure that my child has a well-fitting wide brimmed hat and suitable clothing labelled with their name. - To apply sunscreen to my child prior to attending the service - To the service staff to applying sunscreen to my child throughout the day - That I accept that the responsibility for the use and application of sunscreen by the service. - That if my child is allergic to the sunscreen used by the service, I agree to provide the service with an appropriate SPF30+ sunscreen or a letter from their doctor that states that the child is unable to wear sunscreen. 		
<p>ACTIVITY I understand and agree:</p> <ul style="list-style-type: none"> - I give permission for my child to be involved with leisure activities offered at the OSHC Service. - I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present. 		
<p>TRANSPORTATION I understand and agree: That the service uses bus and a van to transport children to and from the centre during After School and Vacation Care.</p>		
<p>EVACUATION DRIL I understand and agree: In the case of required emergency evacuation/fire drills, I understand the staff of Shiny Star Outside School Hours Care will escort my child off the premises to safety. These evacuation drills are practiced four (4) times per year. The aim is to have all enrolled students be a part of at least one fire drill per year</p>		
<p>EARLY INTERVENTION AND INCLUSION I understand and agree:</p> <ul style="list-style-type: none"> - To disclose all known additional needs, including developmental, medical, and social/emotional, of my child to the service, providing all relevant documentation and assessments - That should an additional need become evident with my child after the time of enrolment, I agree to inform the service. 		
<p>GENERAL I agree:</p> <ul style="list-style-type: none"> - To notify the service of any changes to my working status, address, telephone numbers, emergency contacts and information relevant to my child's enrolment. - That I have received information in relation to Complaints – Clients Grievance the service Family Handbook and am aware of the process for enquiries and concerns I may have. 		

I have read and understood the information in this enrolment application. I understand that my child's enrolment at the Service depends on my acceptance of the Service's Policies and Procedures, a copy of which I have access to on request. I have read the Policy Manual and the Policies explained in the Information Booklet and I understand and accept them.

I confirm that all the information provided about my child or other people is correct and has been given with their permission.

If I am found in breach of any of the terms of this agreement, I understand that my child's enrolment may terminate on the recommendation of the service manager without notice.

Primary Parent/Guardian Name (please print): _____

Primary Parent/Guardian Signature: _____ Date: ____/____/____

Service Manager Name (please print): _____

Service Manager Signature: _____ Date: ____/____/____

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

How Did You Hear About Us?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Getting to Know Your Child

Goals: Please list below some things you wish for your child to accomplish during their time at Shiny Star. For example: increase social engagement, widen their opportunity to engage in new activities, or learning about different cultures, etc.

Understanding their Personality:

What is your child's favourite thing to eat for lunch? _____

What is your child's least favourite food? _____

What is your child's favourite toy/game/hobby? _____

What is your child's favourite colour? _____

What games does your child not like to play? _____

Attached Documents

OFFICE USE ONLY	
Date of Orientation: / /	
Date Entered:	Entered By:

Please ensure ALL the following documents are attached to this application before submission:

		Office Use Only	Office Use Only			Office Use Only	Office Use Only
	Parent tick	Educator name who sighted	Educator signature		Parent tick	Educator name who sighted	Educator signature
Child's birth certificate				Child Customer Reference Number (CRN)			
AIR Immunisation record				Direct Debit Form			
Parent Customer Reference Number (CRN) and date of birth				Medical documents including:			
				<i>Action Plans (ASCIA)</i>			
				<i>Risk Minimisation Plans</i>			
				<i>Medical Communication Plan</i>			
Documents regarding additional needs or diagnosed disability				Legal documents, regarding custody arrangements, court order, parental agreements, parenting plans, parenting order etc.			

SHINY START PLAY CENTRE OOSH
 A: 1 GEORGE STREET, NORTH STRATHFIELD, NSW 2137
 PH: (02) 97465255
 ABN: 11158804829



APCA ID 184534 | AFSL 338256

Direct Debit Request - Authorisation Form

Customer Details

First Name: Surname:
 Phone: Mobile:
 Date of Birth: / /
 Address:
 Suburb: State: Postcode:
 Email Address:

Select from the Following

New Account Change Debit Limit Change Account Details

Payment Details

Payment Limit Amount: This is the maximum amount to deduct at each centre where a balance occurs
so.00 or Blank = No Limit

Surcharge: Visa/MasterCard: 2.35% AMEX: 4.40% Bank Account: \$0.88 Admin Fee: \$2.20

Payment frequency: Weekly (default) Fortnightly 4-Weekly **Day of the week:**
 Monthly **Day of the month:**

First Payment Date: / /

Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):
 Account Name:
 BSB Number:
 Account Number:

I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

Credit Card

Please charge my payments to my: Visa MasterCard AMEX

Card number:

Expiry Date: / Name on Card:

Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

Authorising Signature (s) Date / /



ABN 32 095 551 581
APCA ID 184534 | AFSL 338256

Terms and Conditions

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 184532 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

DISHONoured PAYMENTS

I/We acknowledge that:

- (a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- (b) Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact

Debitsuccess Pty Ltd.

PO BOX 5567, Stafford Heights QLD 4053

Phone: 1800 956 959

E-mail: qkclients@debitsuccess.com