

# Safe Multicultural Out of School Hours Program SMOOSH Enrolment Form

#### 1. GENERAL INFORMATION

Child's Family Name:	Child's First Name:
Address:	Gender: M / F
Suburb:	Date of Birth:
Postcode:	Place of Birth:
School Attending:	Class/Year:
Aboriginal or Torres Strait Islander: Yes / No	
CRN Number:	

# DAYS ATTENDING: Please tick the days, Circle Permanent booking / Casual booking

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

#### 2. FAMILY DETAILS

#### PARENT/CARER No.1

Family Name:	First Name:
Date of Birth:	Relationship to child:
Address:	Phone(Home):
Suburb:	Mobile:
Postcode:	Phone(Work):
Occupation or course of study:	
Employer or place of study:	
Business Address:	
CRN Number:	
Email:	

#### PARENT/CARER No.2

TARLETTI OF THE TOTAL	
Family Name:	First Name:
Date of Birth:	Relationship to child:
Address:	Phone(Home):
Suburb:	Mobile:
Postcode:	Phone(Work):
Occupation or course of study:	
Employer or place of study:	
Business Address:	
CRN Number:	
Email:	

Are there any court orders which relate to your child? Yes / No

(If Yes, please ensure a copy of the relevant court order has been provided to the service. This will be attached to the enrolment record.)

Details of arrangements	for contact with	other parent o	r carer(if	applicable):
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Cultural Background	Child	Parent/Carer No.1	Parent/Carer No.2
Country of Birth:			
Language/s Spoken:			
Religion (Optional):			

### 3. Authorisation for others to collect child and emergency contacts

Please Note: Please list at least two people authorised to collect your child and at least two people whom staff may call if you cannot be contacted in an emergency. You may list the same people for both purposes, if you wish. These two contacts must be in <u>addition</u> to Parent/Carer Information.

Full Name:	Full Name:
	D. L. C Lin A Lilla
Relationship to child:	Relationship to child:
Address:	Address:
Suburb:	Suburb:
Phone(Home):	Phone(Home):
Mobile:	Mobile:
Phone(Work):	Phone(Work):
Emergency contact: Yes / No	Emergency contact: Yes / No
Authorised to collect child: Yes / No	Authorised to collect child: Yes / No
Medical consent: Yes / No	Medical consent: Yes / No
Excursion Permission: Yes / No	Excursion Permission: Yes / No

Full Name:	Full Name:
Relationship to child:	Relationship to child:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Phone(Home):	Phone(Home):
Mobile:	Mobile:
Phone(Work):	Phone(Work):
Emergency contact: Yes / No	Emergency contact: Yes / No
Authorised to collect child: Yes / No	Authorised to collect child: Yes / No
Medical consent: Yes / No	Medical consent: Yes / No
Excursion Permission: Yes / No	Excursion Permission: Yes / No

# 4. HEALTH

Health		Please provide Details
Has your child had any serious illness in the past?	Yes / No	
Has your child ever been hospitalised?	Yes / No	
Does your child currently have a serious illness?	Yes / No	
Does your child have any additional needs?	Yes / No	
Does your child require any medical procedures/intervention to be performed on a regular basis?	Yes / No	
Is your child receiving regular medication?	Yes / No	
Does the medication have any side effects of which the staff needs to be aware?	Yes / No	
Does your child have Asthma? If Yes, please attach a copy of your child's Asthma Management Plan.	Yes / No	
Does your child have any allergies (including: allergies to sunscreens, antiseptics, etc.)?	Yes / No	
If yes to the above, is your child's allergic reaction likely to result in anaphylaxis?  If Yes, please attach a copy of your child's Anaphylaxis Action Plan.	Yes / No	
Does your child have epilepsy?  If Yes, please attach a copy of your child's Epilepsy  Management Plan.	Yes / No	

# 5. MEDICAL INFORMATION

	N	
Child's Medicare No:	Name of health fund:	
Child's doctor's name:	Address:	
Suburb:	Phone:	
Religious/ Cultural requirement in case of accident	dent/illiness.	
IMMUNISATION RECORD – Please attach a	copy of your child's immunisation record.	
If no record is provided, we need a letter from infectious disease outbreaks occur.	a GP or child will be excluded from SMOOSH if any	
6. FEES/CHILD CARE BENEFIT		
Who is responsible for the child care fees? (F	ull Name):	
Do you wish to receive your account statemen	nts via email? Yes / No	
Have you or will you apply for child care Bene	efit? (Please tick applicable)	
□ Yes I am already registered or □	I will apply	
□ Will be claiming as lump sum		
☐ Will be claiming as fee reduction		
□ No not registered and I will be paying full fee		
Do you have other NON school age children i long day care, family day care etc)	in approved child care services? (Under 5 years, in Yes / No	

# OTHER CHILDREN IN FAMILY

Name:	Gender:	Date of Birth:
	M/F	

# 7. CHILD INFORMATION

(The information provided will aid in the preparation of an inclusive program to meet the individual needs of your child/ren. If you require more space, please attach additional information on a separate piece of paper.)

Child Full Name:	Date:
Need	Please provide Details
Has your child previously attended a before/after school or vacation care program?	Yes / No
Does your child require support to form friendships?	Yes / No
<b>Behavioural concerns</b> Such as shyness, aggressiveness or other issues.	Yes / No
How does your child show frustration or distress and what methods would you use to calm them?	
Interests Please include activities that your child enjoys eg: music, art and craft, sports.	
Dislikes, Fears and Concerns Such as crowded situations, loud noises and the like.	Yes / No
<b>Dietary Needs/Requirements</b> Such as allergic to peanuts, no meat products, halal or kosher etc.	

what methods would you use to calm them?	
Interests Please include activities that your child enjoys eg: music, art and craft, sports.	
Dislikes, Fears and Concerns Such as crowded situations, loud noises and the like.	Yes / No
Dietary Needs/Requirements Such as allergic to peanuts, no meat products, halal or kosher etc.	
Method of communication Such as languages spoken at home, Auslan or others.	
Toilet Ability and requirements	Yes / No
Personal Care Assistance Required	Yes / No
Level of physical Independence Such as limitations to physical activities	
Is there any other information about your child that would be helpful for staff to know? Such as any religious or cultural beliefs that need to be considered, use of medical aid or equipment.	Yes / No

# 8. PERMISSION FOR:

# A. Administration of Asthma First aid kit

If my child has difficulty in breathing whilst at the service, a staff member with a current First Aid Certificate, may administer medication from the service's Asthma First Aid Kit.
Parent Signature:
B. Administration of Allergies and Anaphylaxis Emergency Kit
If my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, the Director/Coordinator will call an ambulance and a staff member with a current First Aid Certificate will follow the recommended treatment from the ambulance staff. This may involve the administration of an epipen from the service's Anaphylaxis Emergency Kit.
Parent Signature:
C. Emergency Medical Assistance- Your child's enrolment at the service will not be accepted unless you agree to the following:
I agree that if my child has been injured, or becomes ill whilst at the service, and if the Director/Coordinator of the service thinks it is necessary, he/she will seek:  • Urgent medical, dental or hospital treatment or ambulance service, and I give consent to the carrying out of appropriate medical, dental or hospital treatment
Parent Signature:
D. Excursions
I agree that my child to participate in local excursions, short bus trips and outings with SMOOSH staff, either during school term or in vacation care programs.
Parent Signature:
E. Use of child's photographs and videos –
I agree that photographs and videos of my child taken at the service may be used by SECC/SMOOSH in its publications; on its website and internet; for educational displays and in presentations at professional development courses and conferences.
Parent Signature:
F. Use of child's drawings, paintings and other art work –
I agree that my child's drawings, paintings and other artwork may be used by SECC/SMOOSH in its publications, on its internet for educational displays and in presentations at professional development courses and conferences.
Parent Signature:

#### G. Payment of Fees

I understand and accept that I am responsible for paying all fees due SMOOSH for my child's attendance as outlined in the SMOOSH Parent/Carer Handbook.

I understand that a \$5.00 fee will be charged if the nominated bank account payment is declined. I authorise for my payments to be deducted by South Eastern Community Connect (SMOOSH).

Parent Signature:	
Date:	

Please sign and complete all of the information above and return the form along with the EZI debit information to the SMOOSH office at Gardeners Road Public School or SMOOSH office at Eastlakes Public School <u>during before and after school care hours</u>. Forms will not be accepted at the South Eastern Community Connect office.

For further information please feel free to contact:

SMOOSH Gardeners Road Public School - 0431427176 /83389678

SMOOSH Eastlakes Public School- 96695545

Email address: smoosh@secc.sydney

Web address: www.secc.sydney

Office Use Only			Staff Sigr	nature
Date Received:	P. 1979			
Date Copied:		Salah saturah merengah salah salah sa		
Registration Fee Paid:	Yes / No			
	Copies Attached	Not Applicable	Comments	Staff initial
Court Order:				
Immunisation Record:				
Asthma Action Plan:				
Epilepsy Action Plan:				
Anaphylaxis Action				
Plan:				
Allergy Plan:				



Signature(s) of

Nominated Account:

# **Safe Multicultural Out of School Hours**



DIRECT DEBIT REQUEST

Ph: (02) 8338 8506 Fax: (02) 8338 8502

**NEW CUSTOMER FORM** 

Business: South East Neighbourhood Centre ABN/ACN: 15 350 811 422 S3A GEN 37634 Customer Reference:  "Surmame: "Given Name:  "Mobile #:  "Address:  "Suburb: "State: "Postcode:  DEBIT ARRANGEMENT   "Policing payment details and associated firer (harges dealled below and/or the total amount balled for the specified period for gives and any other subsequent agreements are memorisment between medical and the periods and the plantes and of Endost payments from my/our account, as specified below, at intervals and amounts as directed by South East Neighbourhood Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).  Start Date: D / / / P   Weekly Debit Amount = Balance Due  Exidebit DDR Service Agreement (Ver 1.3).  Start Date: D / / / P   Weekly Debit Amount = Balance Due  Exidebit DDR Service Agreement (Ver 1.3).  CHOOSE YOUR PAYMENT METHOD  Debit from Credit Card AMEX Diners  Wish MasterCard AMEX Diners  Agringing this form, New authorise Exidebit, acting on behalf of the Business, or debit payments from my specified Credit Card doove, and IVM admonstration from the most including appears the form of the properties of the Business	YOUR DETAILS	Please complete this form	using a BLACK PEN, *	Indicates a MANDATORY FI	ELD	
Reference:  *Sumame: *Given Name:  *Mobile #:  *Email:  *Address:  *Suburb: *State: *Postcode:  *DEBIT ARRANGEMENT   Including payment details and associated feer/changes detailed below and/or the total amount billed for the specified period for this and any orders subsequent agreements of amendment between neous and the Business and order bedsetting and associated feer/changes detailed below, and for the total amount billed for the specified period for this and any orders subsequent agreements between neous and the Business and order bedsetting account, as specified below, at intervals and amounts as directed by South East Neighbourhood Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).  **Start Date:**    V	Business:	South East Neighbourho	od Centre	ABN/ACN:	15 350 811 422	S3A GEN 37634
"Mobile #:  "Email:  "Address:  "Suburb:  "State: "Postcode:  "State: "Postcode:  "State: "Postcode:  "State: "Postcode:  "State: "Postcode:  I/We authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by South East Neighbourhood Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).  Start Date:						
*Email:  *Address:  *Suburb:  *State:  *Postcode:  *DEBIT ARRANGEMENT   Including payment deals and associated fees charges dealed below and/or the toral amount billed for the specified period for this and any other subsequent agreements or amendments between merus and the Business and or Eadebit  **IVWe authorise and request Ezidebit Pty Ltd ACN 0.96 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by South East Neighbourhood Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).  **Start Date:  **J**  **Weekly**  **Debit Amount = Balance Due**  **Debit Amount = Balance Due**  **Debit from Oredit Card**  **USA*  **Mainistration Fee**  **Paid by Bank Account Transaction Fee**  **Outh From Spaid Business*  **Credit Card Transaction Fee**  **VISA*  **MAEXCENIES**  **AMEXCENIES**  **AMEXCENIES**	*Surname:			*Given Nam	e:	
"State: "Postcode:  "State: "Postcode:  "State: "Postcode:  DEBIT ARRANGEMENT   Including payment details and associated fees changes detailed below and/or the total amount billed for the specified period for this and sky other subsequent agreements on amendment between netus and the Business and or billed for the specified period for this and sky other subsequent agreements on amendment between netus and the Business and or billed for the specified period for account, as specified below, at intervals and amounts as directed by South East Neighbourhood Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).  Start Date:	*Mobile #:					
#Suburb:  #State: *Postcode:  DEBIT ARRANGEMENT   Including payment details and associated fees' charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreement or amendments between merbs and the Business and/or Eachbut We authorise and request Ezidebit Py Ltd ACN 096 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by South East Neighbourhood Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).  Start Date:	* Email:					
DEBIT ARRANGEMENT   Including payment details and associated feet-Charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Exidebit.  I/We authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by South East Neighbourhood Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).  Start Date:	*Address:					
If ARNANGEMENT I this and any other subsequent agreements or amendments between me/us and the Business and or Ezidebit  If We authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by South East Neighbourhood Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).  Start Date:	*Suburb:			*State:		*Postcode:
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Administration Fee Paid by Once only: Business Bank Account Transaction Fee: So.88   Credit Card Transaction Fee: WISA/MasterCard: 1.87% (Min So.88)  CHOOSE YOUR PAYMENT METHOD  Debit from Credit Card  VISA MasterCard AMEX Diners  Card Number:  Name of Cardholder:  By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card apove, and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial Institution:  Branch:  BSB Number: - Account Number:  Account Holder Name:  I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing	account, as sp	ecified below, at interva	als and amounts greement with t	as directed by Sout he Business and in a	h East Neighbourh ccordance with th	nood Centre ("The Business") as
CHOOSE YOUR PAYMENT METHOD  Debit from Credit Card  VISA MasterCard AMEX Diners  Card Number: Name of Cardholder: By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution  Branch:  BSB Number:  Account Holder Name:  I/We authorise Ezidebit Py Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing	Start Da	te: /	/ M Y Y		Debit Amo	ount = Balance Due
Debit from Credit Card  VISA MasterCard AMEX Diners  Card Number:  Name of Cardholder:  By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.  Debit from Bank, Building Society or Credit Union Account  Financial Institution:  Branch:  Account Holder Name: I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing			\$0.88			
VISA MasterCard AMEX Diners  Card Number:	CHOOSE YOUR PA	AYMENT METHOD				
Card Number:  Name of Cardholder:  By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.  Debit from Bank, Building Society or Credit Union Account  Financial Institution:  Branch:  Account Number:  Account Holder Name:  I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing	Debit from Cre	dit Card				
Number:  Name of Cardholder:  By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.  Debit from Bank, Building Society or Credit Union Account  Financial Institution:  Branch:  Account Holder Name:  I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing	VISA	MasterCard	AMEX	Diners		
Cardholder:  By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.  Debit from Bank, Building Society or Credit Union Account  Financial Institution:  Branch:  Account Number:  Account Holder Name:  I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing						
appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.  Debit from Bank, Building Society or Credit Union Account  Financial Branch:  BSB Number: - Account Number:  Account Holder Name:  I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing	Cardholder:					
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Institution:  Branch:  Account Number:  Account Holder Name:  I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing	Debit from Bar	nk, Building Society or Cre	edit Union Accou	nt		
BSB Number:  Account Holder Name:  I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing				Bra	nch:	
Holder Name:  I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing	BSB Number:	1-				
	Holder Name:	ridebit Pty Ltd ACN 096 902 813 (U ) in accordance with the Debit Arr	Jser ID No 165969) to di angement stated above	ebit my/our account at the F e and this Direct Debit Requ	inancial Institution identi est and as per the Ezidebi	fied above through the Bulk Electronic Clearing t DDR Service Agreement (Ver 1.3) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.3) and I/We have read and understand same.

Date:



ACN 096 902 813 | AFSL 315388

## DDR SERVICE AGREEMENT (Ver 1.3)

#### DDR Service Agreement (Ver 1.3)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/We will contact my/our financial institution if I/We are uncertain of the accuracy of these details.

I/We acknowledge that is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, 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, I/We agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- (1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
- (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
- (3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland time, Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/We will contact the Business if I/We wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/We agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

You appoint Ezidebit as your exclusive agent with regard to the control, management and protection of your personal information (relating to the Business and contained in this DDR Service Agreement). You irrevocably authorise Ezidebit to take all necessary action (which we deem necessary) to protect your personal information, including (but not limited to) prohibiting the release to or access by third parties without our consent.

You hereby irrevocably authorise, direct and instruct any third party who holds/stores keeps your personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on our written request.

#### Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www. ezidebit.com.au

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

#### I/We authorise:

- a) Ezidebit to verify details of my/our account with my/our financial institution; and
- b) my/our financial institution to release information allowing Ezidebit to verify my/our account details

Po Box 3327 Newstead, QLD 4006 Ph: (07) 3124 5500 Fax: (07) 3124 5555