



ABN: 256 523 26121 PH: 07 5592 5800 FAX: 07 5592 5855

DIRECT DEBIT REQUEST - NEW CUSTOMER

Business:	<input type="text" value="Freckles Childcare"/>	ABN/ACN:	<input type="text" value="21135898074"/>
Customer Reference:	<input type="text"/>		
*Surname:	<input type="text"/>	*First Name:	<input type="text"/>
Mobile Phone:	<input type="text"/>		
*Email:	<input type="text"/>		
*Address:	<input type="text"/>		

* indicates a mandatory field.

Debit Arrangement / Payment Details

I authorise and request NumeroPro Pty Ltd (Direct Debit User ID: 424700) to debit payments from my nominated account, as specified below, at intervals and amounts as directed by Freckles Childcare in accordance with the Terms and Conditions of this agreement.

Child's Name	Amount	Fixed	Variable
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Date	Weekly	Fortnightly	Monthly
<input type="text" value="D D - M M - Y Y Y Y"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			4 Weekly
			<input type="checkbox"/>

Debit from Credit Card

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card Number:	<input type="text"/>
Expiry Date:	<input type="text" value="M M - Y Y"/> Card Holder's Name: <input type="text"/>

By Signing this form, I/we authorise **NumeroPro Pty Ltd**, acting on behalf of the Business, to debit payments from my specified credit card above, and I/we acknowledge that **NumeroPro Pty Ltd** will appear as the business name on my credit card statement. Furthermore, I/we agree to reimburse **NumeroPro Pty Ltd** for any successful claims made by the Card Holder through their financial institution against **NumeroPro Pty Ltd**

Transaction Fee: \$0.10 + 1.50% Visa/Mastercard
Failed Transaction Fee: \$0.00

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

Signature(s) of Nominated Account Holder/Credit Card Holder

<input type="text"/>	Date
	<input type="text" value="D D - M M - Y Y Y Y"/>

Office Use Only	Received Date:	Reference No:	Ver 1.5	COMPLETE USING BLACK INK ONLY
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