

2025 ENROLMENT FORM

Brunswick Neighbourhood House Childcare Service requires this form to be completed and all documentation attached prior to your child's first day of childcare with us. This information must be completed by one of the child's parents/carers, who has lawful authority in relation to the child.

Please notify us of any change of details, as soon as they arise.

Confidentiality of enrolment records

Brunswick Neighbourhood House will ensure that the information in your child's enrolment record is not divulged to another person unless necessary for the care or education of the child, or to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2020 (Part 7 Subdivision 4 Reg. 122-124)

Service Use Only

CHILD'S FULL NAME: _____

Parent/Carer/Guardian #1: Name: _____ Mobile: _____

Parent/Carer/Guardian #2: Name: _____ Mobile: _____

Child's Enrolment Date (DD/MM/YYYY): _____

Child's Commencement Date (DD/MM/YYYY): _____

Check List (service use only)

- Parents completed EF and the declaration is signed
- Child's Birth Certificate is provided
- Copy of Immunisation Record is provided
- Direct Debit Form
- CC Coordinator sighted and signed the EF
- Court Order is submitted (if required)
- Medical Action Plan is submitted with child's photo (if required)

CHILD DETAILS

| | | | |
|---|---|---|----------------------------------|
| Child's CRN (for CCS claim purpose): | Please note parent and child have their own individual Centrelink Reference Number (CRN) | | |
| First Name(s): | Middle Name(s): | | |
| Surname/Last Name: | | | |
| Preferred Name: | | | |
| Date of Birth: | Gender at birth: | Female <input type="checkbox"/> | Male <input type="checkbox"/> |
| Home Address: | | | |
| Suburb: | | Post Code: | |
| Place/Country of Birth: | | | |
| Copy of Birth Certificate given: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Language(s) Spoken at Home: | | | |
| Is your child: | Aboriginal <input type="checkbox"/> | Torres Strait Islander <input type="checkbox"/> | Neither <input type="checkbox"/> |

- **Has your child ever been diagnosed with any of the following?**

| | | | | | |
|----------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| German Measles | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Seizures | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Mumps | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Convulsions | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Whooping Cough | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Chicken Pox | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Measles | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Other (please specify): | | |

If you have ticked YES to any in the list above, please specify relevant details below:

- **Does your child suffer from any allergies or sensitivity, including food allergies?** YES NO

If YES, please provide relevant details below including your child's allergy, side effects, treatment and action:

- Does your child have a diagnosed disability or special needs?

YES NO

If YES, please provide relevant details below:

- Does your child take prescribed medication or treatment on a regular basis?
(including Asthma)

YES NO

If YES, please provide relevant details below and attach a current Medical Management Plan signed by a registered medical practitioner.

- Does your child suffer from Anaphylaxis?

YES NO

If YES, please provide relevant details below and attach a current Medical Management Plan signed by a registered medical practitioner.

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?

If yes, please provide relevant details below:

MORE ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings:

| Name | Age |
|------|-----|
| | |
| | |

Please provide the name and ages of any other close relations attending the same centre:

| Name | Age |
|------|-----|
| | |
| | |

- **Does your child sleep in a bed or a cot?**

Bed Cot

Please describe your child's sleeping times/habits (including day/night, comforters and fears/phobias):

- **Is your child toilet training?**

YES NO

- **Has your child been toilet trained?**

YES NO

Please provide details, if necessary:

- **Is there anything else you would like us to know about your child**

(e.g. abilities, favourite activities, excessive fears, family traditions, home routines, parenting strategies etc.)

- **Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the educators to be aware of:**

Christmas Diwali Eid Ramadhan Hanukkah Chinese New Year Easter New Year
 Mother's Day Father's Day Australia Day NAIDOC Week Other (please specify) _____

- **Is the child currently attending or previously attended:**

Kindergarten Playgroup Long Day Care Early Intervention Service Other

If YES please provide details (e.g. name of centre) :

PARENT/CARER DETAILS

PRIMARY PARENT/CARER

| | | | |
|--|----------------|---|--|
| CRN (for CCS claim purpose): | | Please note parent and child have their own individual Centrelink Reference Number (CRN) | |
| Title: | First Name(s): | | |
| Surname: | | | |
| Relationship to Child: | | | |
| Date of Birth: | | Country of Birth: | |
| Does the child live with you? YES <input type="checkbox"/> NO <input type="checkbox"/> Shared Care <input type="checkbox"/> | | | |
| Comments/Details: | | | |
| Home Address: | | | |
| Suburb: | | Post Code: | |
| Home Phone: | | Mobile Phone: | |
| Email address: | | | |
| Occupation: | | | |
| Organisation Name: | | | |
| Work Address: | | | |
| Suburb: | | Post Code: | |
| Work Phone: | | | |

SECONDARY PARENT/CARER (if applicable)

| | | | |
|--|----------------|-------------------|--|
| Title: | First Name(s): | | |
| Surname: | | | |
| Relationship to Child: | | | |
| Date of Birth: | | Country of Birth: | |
| Does the child live with you? YES <input type="checkbox"/> NO <input type="checkbox"/> Shared Care <input type="checkbox"/> | | | |
| Comments/Details | | | |
| Home Address: | | | |
| Suburb: | | Post Code: | |
| Home Phone: | | Mobile Phone: | |
| Email address: | | | |
| Occupation: | | | |
| Organisation Name: | | | |
| Work Address: | | | |
| Suburb: | | Post Code: | |
| Work Phone: | | | |

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, Brunswick Neighbourhood House Childcare Service will contact the parents/carer initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed. Please tick the appropriate boxes for each contact to confirm authorisation

❖ CONTACT ONE

| | | | |
|---|------------|------------|--|
| Title: | Full Name: | | |
| Relationship to Child | | | |
| Home Address: | | | |
| Suburb: | | Post Code: | |
| Phone (H): | | (W) | |
| Mobile Phone: | | Email: | |
| <input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg. 108(2)(b)(iii)) → MUST provide a valid email address to be registered to XPLOR | | | |
| <input type="checkbox"/> Notification in the event of emergency (Reg. 108(2)(b)(ii)) | | | |
| <input type="checkbox"/> Authorised to consent to Medical treatment (Reg. 108(2)(b)(iv)) | | | |
| <input type="checkbox"/> Authorisation for administration of medication (Reg. 108(2)(b)(iv)) | | | |
| <input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises/excursion (Reg. 108(2)(b)(v)) | | | |

❖ CONTACT TWO

| | | | |
|---|------------|------------|--|
| Title: | Full Name: | | |
| Relationship to Child | | | |
| Home Address: | | | |
| Suburb: | | Post Code: | |
| Phone (H): | | (W) | |
| Mobile Phone: | | Email: | |
| <input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg. 108(2)(b)(iii)) → MUST provide a valid email address to be registered to XPLOR | | | |
| <input type="checkbox"/> Notification in the event of emergency (Reg. 108(2)(b)(ii)) | | | |
| <input type="checkbox"/> Authorised to consent to Medical treatment (Reg. 108(2)(b)(iv)) | | | |
| <input type="checkbox"/> Authorisation for administration of medication (Reg. 108(2)(b)(iv)) | | | |
| <input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises/excursion (Reg. 108(2)(b)(v)) | | | |

❖ CONTACT THREE

| | | | |
|---|------------|------------|--|
| Title: | Full Name: | | |
| Relationship to Child | | | |
| Home Address: | | | |
| Suburb: | | Post Code: | |
| Phone (H): | | (W) | |
| Mobile Phone: | | Email: | |
| <input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg. 108(2)(b)(iii)) → MUST provide a valid email address to be registered to XPLOR | | | |
| <input type="checkbox"/> Notification in the event of emergency (Reg. 108(2)(b)(ii)) | | | |
| <input type="checkbox"/> Authorised to consent to Medical treatment (Reg. 108(2)(b)(iv)) | | | |
| <input type="checkbox"/> Authorisation for administration of medication (Reg. 108(2)(b)(iv)) | | | |
| <input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises/excursion (Reg. 108(2)(b)(v)) | | | |

COURT/CUSTODIAL ORDERS

- Are there any 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?
- Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES (please complete the following) **NO** (go to the next section)

1. Bring the original court orders for staff to sight and attach a copy to this enrolment form
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities

| |
|--|
| |
|--|

MEDICAL INFORMATION

| | | |
|----------------------------|----------------|----------|
| Family Doctor Title: | First Name(s): | Surname: |
| Medical Service Name: | | |
| Medical Service's Address: | | |
| Suburb: | Post Code: | |
| Contact Phone: | | |

| |
|-----------------------|
| Medicare Number: |
| Medicare Expiry Date: |

| | |
|---|---|
| Health Insurance Fund: YES <input type="checkbox"/> NO <input type="checkbox"/> | Ambulance Cover: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Health Insurance Name: | Insurance Number: |

CHILD'S IMMUNISATION STATUS

- Has the child been immunised as set out in the Australian Immunisation Schedule? YES NO

If you answered **YES**, evidence must be provided to the children's service. **A copy of your child's immunisation record must be attached to this form.**

If **NO**, please provide the details by selecting one of the options below

- Attach an up to date immunisation history statement with any details your child is medically unable to have;
OR
 Attach a 'commenced and on track' catch-up schedule provided by an immunisation provider

Following enrolment, parents are required to notify Brunswick Neighbourhood House Childcare Service upon the completion of each immunisation and provide an updated Immunisation History Statement from the Australian Immunisation Register (AIR).

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.

Arrangement Type

A Service and 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.

| | | Service Use Only |
|--------------------------------------|--|------------------|
| Complying Written Arrangement (CWA) | A CWA is an enrolment type used for families wishing to claim Child Care Subsidy (CCS) now | |
| Relevant Arrangement (RA) | An RA is an enrolment type used for families not wishing to claim CCS | |
| Additional Child Care Subsidy (ACCS) | The ACCS is a top-up payment in addition to the CCS to provide extra support for: children at risk, grandparent principle carers on income support, families experiencing temporary financial hardship & transition to work. Determined by Centrelink. | |
| Arrangement with an Organisation | Arrangement with an organisation which is liable for the fees for the care of the child | |

General - please tick YES/NO and give your initials to authorise

I/We give permission for this child to:

| | | Parent's Initials |
|---|--|-------------------|
| Participate in emergency evacuation drills and routine excursions (i.e. Folleta Reserve and Brunswick library) <i>(Emergency evacuation drills are carried out during the year and children are evacuated to the Foletta Reserve, corner of Garden Street/Glenlyon Road)</i> | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Have sunscreen applied prior to sun exposure <i>(If not, please provide a letter releasing the centre of any liability)</i> | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Have Band-Aids or sticking plasters applied when necessary | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Have staff apply Nappy Cream/Paste (e.g. Sudocream) | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Photos and Video Footage - please tick YES/NO to authorise

I/We give consent/permission:

| | | Parent's Initials |
|---|--|-------------------|
| For photos and video footage to be taken of my/our child for centre use and staff training purposes (footage will not leave centre) | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

| | | Parent's Initials |
|---|--|-------------------|
| For photos and video footage of my / our child to be used for children's <i>Learning Stories (XPLOR)</i> and to be shared with other families that attend the centre on the same day (can be seen via Xplor App). | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

| | | Parent's Initials |
|--|--|-------------------|
| For photos and video footage of my / our child to be used on BNH's social media, website, annual report, and other promotional materials such as brochures or flyers | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Childcare Request - please complete and tick preferred childcare session/s

| | |
|------------------------|--------------------|
| Child's First Name(s): | Surname/Last Name: |
| Date of Birth: | |

PREFERRED DAYS AND TIMES -

Please tick the days your child will require care: *max 15 hours per week for CCS Subsidised Child Care Service*

| DAY | AM (Subsidised Child Care Service) | | PM (Non Subsidised Child Minding) |
|-----------|------------------------------------|------------------------|-----------------------------------|
| | 4 hours 9.30 – 1.30 | 5 hours 9.30 – 2.30 | 1.5 hours 2.30 – 4.00 |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

CARE TYPE REQUIRED -

Please circle the care type your child will require on the first day of booking

| | |
|--|---|
| <i>Ongoing (term booking) Care</i> Yes / No | <i>Casual/Flexible Care</i> Yes / No |
| Start Date: | End Date (if known): |
| Number of children attending other childcare services: | Number of children you are claiming Child Care Subsidy (CCS) for: |

I/We:

1. Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information.
2. Have viewed the Brunswick Neighbourhood House Childcare Service (hereafter called the service) and consent to the enrolment of the admitting child (hereafter referred to as the child)
3. Understand that the person/s nominated as parent/carer are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
4. Agree to provide enrolment information to the Australian Government Department of Education and to Services Australia (Centrelink) so that I/we can be contacted and provided with information on the Child Care Subsidy and the Additional Child Care Subsidy that can be claimed for the first time at this service.
5. Agree to comply with all Government requirements in relation to the service
6. Agree to provide the service with all information regarding the health of my/our child
7. Agree to follow the service's COVID-19 Policy - includes but not limited to children and parents' temperature check upon drop off
8. As the lawful authority to consent to the medical treatment of the child, agree to authorise the children's service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and agree to reimburse any expenses incurred
9. Am/are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition

10. Understand that the child will be accepted back into the service once a 'medical clearance certificate' for the child from a medical practitioner is received
11. Am/are aware that the service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
12. Am/are aware that the service may occasionally have visitors or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service's appropriate supervision
13. Have viewed the centre's Fees Policy and agree to pay those fees as specified, and acknowledge that the Fee Policy may be varied from time to time
14. Am/are aware that the service childcare fees and charges are available on its website www.bnhc.vic.edu.au
15. Am/are aware that all attendance fees are to be paid two weeks in advance and agree to pay the fees on the due day by direct deposit (terms & condition apply) or direct debit. Am/are aware that from 2024, the centre will not accept EFT & cash payment.
16. Understand that a system of payment for late pick up/collection operates at the service, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the service. Any late collection will result in a fee being charged.
17. Am/are aware that to withdraw from childcare we are required to give notice in writing four weeks prior to the date of withdrawal. During the notice period I/we are aware that if our child does not attend and/or does not meet the terms and conditions of absences after the child physically attends care, we may be liable to pay full fees (i.e. CCS may NOT be paid for the sessions of care I am charged for).
18. Am/are aware that fees are payable for all booked days, including absent days, i.e. sick days and family holidays, and I understand that I will receive CCS for a maximum of 42 allowable absence days per financial year.

I/We have read, understood and agree to abide by the conditions of this Enrolment Agreement.

Please note: failure to pay fees is a breach of the Conditions of Enrolment and may initiate the procedure for termination of care.

YOUR COMMITMENT TO US

I, _____, have read and understood the above mentioned and agree to the terms. Failure to provide the declaration will result in the non-acceptance of the child.

Primary Parent / Carer

Childcare Service Coordinator (phone: 9387 9901)

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____

Direct Debit Request

Customer Details

| | | | |
|----------------|--|-----------|----------------------|
| First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| Phone: | <input type="text"/> | Mobile: | <input type="text"/> |
| Date of Birth: | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| | | Postcode: | <input type="text"/> |
| Email Address: | <input type="text"/> | | |


Payment Details

| | | | |
|--------------------|--|--------------------------------------|-----------------------------------|
| Payment Amount: | <input type="text"/> | | |
| Payment frequency: | <input type="checkbox"/> Weekly <i>(default)</i> | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> 4-Weekly |
| | <input type="checkbox"/> Monthly | Day of the week/month: | <input type="text"/> |

Direct Debit from Bank Account, Building Society Or Credit Union

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

| | |
|------------------------|----------------------|
| Financial Institution: | <input type="text"/> |
| Account Name: | <input type="text"/> |
| BSB Number: | <input type="text"/> |
| Account Number: | <input type="text"/> |



I/we authorise you until further notice to debit my/our account with all amounts which Debitsuccess Pty Limited, the registered initiator of the above Authorisation Code may be initiated by Direct Debit. I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form

Authorisation: I confirm that I have authority over this bank account and that it can be operated severally If yes, tick here

Credit Card

Please charge my payments to my: Visa MasterCard AMEX

Card number:

Expiry Date: / Name on Card:

By signing this form I/we authorise Debitsuccess Pty Limited, contracted by and acting on behalf of the Business to collect payments due by me/us pursuant to the Agreement (defined below), to debit payments from my specified Credit Card above, and I/we acknowledge that Debitsuccess will appear as the merchant on my credit card statement. 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 Pty Limited, I/we do not require Debitsuccess Pty Limited to notify me/us of such variations to the debit amount.

Signature

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

| | |
|---------------------------|----------------------|
| Authorising Signature (s) | Date |
| <input type="text"/> | <input type="text"/> |

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This DDR Service 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 and should be read in conjunction with your Direct Debit Request.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) (Debitsuccess) APCA User ID 518466 to make periodic debits on behalf of the "Business" as indicated on Direct Debit Request.

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

RELATIONSHIP

I/we acknowledge that Debitsuccess has been contracted by the Business to collect the payments due under the agreement that I/we have entered into with the Business pursuant to which I/we have agreed to pay for goods/services provided by the Business(Agreement). All payments due by me/us to the Business shall be made to Debitsuccess.

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. I/We acknowledge that Debitsuccess sole responsibility is to make periodic debits as set out in the Direct Debit Request

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 and by the Business.

VARIATIONS TO DEBIT TERMS

I/We authorize 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/or the Business is to provide 14 days' notice if varying 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 Service Agreement 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.

DISHONOURD 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 fees and charges charged by the Business as a result, in addition to any Financial Institution charges and collection fees; 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 Direct Debit Request are correct and that Debitsuccess is not liable to the extent that any such details are incorrect 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 Direct Debit Request, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this DDR Service Agreement to the extent that the credit card has expired, and that it is 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) 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.
- (c) Any notices to be given to me/us by electronic mail to the email address on the Direct Debit Request (or any other email address notified in writing by me/us).

I/we acknowledge that:

- (a) This DDR Service Agreement will remain in force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death/bankruptcy or other revocation of this DDR Service Agreement until actual notice of such event is received by the bank.
- (b) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this DDR Service Agreement. Any other dispute lies between me/us and the Business.

INFORMATION SECURITY

We are collecting your personal information for the sole purpose of completing this direct debit arrangement. Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the Direct Debit Request (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. You may request access to, and correction of, any personal information held by Debitsuccess by writing to Debitsuccess at the address below. You acknowledge that your personal information will be collected, used, held and disclosed in accordance with the Debitsuccess Limited Privacy Policy found at

<https://www.debitsuccess.com.au/privacy-policy>

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law;
- (b) to Financial Institutions participating in the direct debit payment system in connection with a claim made on it relating to an alleged incorrect or wrongful debit; or
- (c) 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: childcare@debitsuccess.com