



Request and authority to debit

Surname: _____

Given Name: _____

Phone Number: _____

Email: _____

Name as it appears on Credit Card: _____

Card Number: _____

Expiry Date: _____

CCV Number: _____

Card Type: Master Card Visa

I/We authorise Glandore Private Kindergarten and Childcare (ABN 46179516131) to debit my/our credit card identified above through eftpos on a weekly basis for fees owing on the weekly statement.

Signature: _____ Date: _____

178 Anzac Highway, Glandore SA 5037
Phone: (08) 8293 6744 Fax: (08) 8293 6754
Email: glandorechildcarecentre@gmail.com
www.glandorechildcarecentre.com.au