# Credit Card Authority

Please fill in the below details if you would like to give Kimberley Kids Early Learning Centre authority to debit your visa card via our EFTPOS machine.

Parent Surname _____ Parent First Name _____

Child's Name _____ D.O.B ____/____/____

Bank _____ Card Type Mastercard Visa AMEX

Card Number _____/_____/_____/_____

Expiry ____/____ CCV_____

Card Signature _____ Debit Amount $_____

Frequency weekly fortnightly monthly ( circle)

I_____give permission for Kimberley Kids Early Learning Centre Broome to amend the amount taken out of my account by way of credit card transaction. This will occur in the event of my child having additional days, changes to CCB and Centre fee structure, thus increasing the fees and where holiday discount is applied reducing fees.

Parent Name _____ Date _____

Parent Signature _____

*Office Use Only*

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