**Credit Card Authorisation Form**

Centre Details: Agosue Pty Ltd T/as Pagewood Kindergarten

ABN 61 136 901 374

1A Dudley Street, PAGEWOOD NSW 2035

Ph: (02) 9666 4925

Parent Details Mr Mrs Miss Ms

Given Name Surname

Home / Daytime Contact Number

Child Details

Given Name Surname

Child CRN (if applicable)

Select you preferred communication method: email phone

Credit Card or Debit Card

 

Name on card

Card Number

Expiry Date

Please Sign Date

**DECLARATION:** I hereby authorise my child care service provider (Pagewood Kindergarten) to process payments fortnightly from my nominated account. I understand that this arrangement will remain in place until such time as it is cancelled by me, or my child care service provider (Pagewood Kindergarten). If any payments are declined, I will organise an alternate payment as soon as possible.