It's about you. Always!
Communities@Work

SCHOOL AGE CARE
PAYMENT OPTIONS FORM

If you need help to complete this form please contact Client Service Team on 6293 6500.
Please select one of the following options only.

Program Name:	**Children's Name(s):**

In settlement of the childcare fees based on the account statement due date, I/we select one of the following payment methods offered by Communities@Work.(C@W).

PAYMENT OPTION 1

AUTOMATIC CREDIT CARD AUTHORISATION - ***Please complete the details below.***

I authorise C@W to debit the following credit card: ❑ Mastercard ❑ Visa (Please check a box)

Credit Card Number:																	Exp Date:

Cardholder's Name:	Cardholders Signature:

Commencement Date (Friday Public Service Pay Week is Processing day each fortnight):

Please advise any changes to your Credit Card details. Costs may be incurred by the bank if transactions are rejected or dishonoured. Any costs charged to Communities@Work will be transferred to your childcare account.

PAYMENT OPTION 2

DIRECT DEBIT REQUEST – ***Client's Authority please complete the details below.***

Name of Financial Institution:	Branch:

Name of Account Holder/s:

BSB Number:	Bank Account Number:

Commencement Date (Thursday is processing day each week):	FORTNIGHTLY

Customer's Signature (If joint account all signatures may be required):

It is essential that the bank details are correct. Costs may be incurred by you if transactions are rejected or dishonoured. Any costs charged to Communities @ Work will be transferred to your childcare account.

PTO ⇒

PAYMENT OPTION 3

DIRECT DEPOSIT / INTERNET BANKING - ***Please complete the details below.***

Please be advised that the fortnightly fees owed will be deposited into the following Commonwealth Bank Australia account and will be identified with the program code as printed below and with our child/s surname.

BSB: 062-908: Account No. 00803240: Account Name - Communities@Work.

The first payment will occur on the following date:	Amount:

Identification Code:	Child/s Surname:

Please include the identification code of the centre that provides care from the chart below and the child's surname when banking or making a payment by the internet.

Bonython - **BASP**	Calwell - **CASC**	Conder - **CASP**	Duffy - **DOSH**	Gilmore - **GKC**
Gordon - **GOSH**	Mt Rogers-**MROG**	Monash - **MASP**	St Thomas - **CAST**	Theodore - **TSC**
Urambi – **UASP**	Wanniassa – **WASP**			

DECLARATION – Please read and sign (for any payment option selected)

I/We understand and acknowledge that:

1. If there should be any increase or reduction in my fees I/We authorise you to adjust any deduction and/ or I/we will adjust any direct deposit accordingly.
2. I/We will complete a new authorisation form each calendar year.
3. I/We will advise Communities@Work in writing to change or cancel this authority

Signature/s:	Date:

Full Name/s (Block Letters):

Phone No. Home:	Work:	Mobile:

Please return this completed form to the Client Service Team as soon as possible and allow one week for processing.

Communities@Work
ABN 19 125 799 859

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