



Out of School Hours Care

CHILDREN IN OTHER CARE

BIRTH CERTIFICATE or PASSPORT SIGHTED

ALLERGIES OR ADDITIONAL NEEDS

ENROLMENT FORM

THE FOLLOWING INFORMATION IS CONFIDENTIAL

Child's Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel. No. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male/Female CRN: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Class no: \_\_\_\_\_

Email \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

**Parent/Guardian (1) (Parent enrolling who has CCS approval)**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ CRN: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Hours of Work: from: \_\_\_\_\_ to \_\_\_\_\_ MOTHERS D.O.B. \_\_\_\_\_

**Parent/Guardian (2)**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ CRN: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Hours of Work: from: \_\_\_\_\_ to \_\_\_\_\_ FATHERS D.O.B. \_\_\_\_\_

**Please Note: C.R.N. = Customer Reference Number (Child Care Subsidy)**

**I/We are aware that the person/s named here as parent/guardian are the authorised parties to enrol and cancel enrolment, and to nominate who will collect the child from the Centre.**

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Please Note: Photo ID must be provided to staff to collect children from the centre.**

**CUSTODY OF CHILD:**

a. Have any orders been made by any court regarding your child? **YES/NO**

b. If NO, are there any disputes concerning custody of the child?  
Please provide details: \_\_\_\_\_

c. If YES, please provide the following:  
Details of orders relating to the long-term care, welfare and development of the child; residence of the child; contact person with the child:

\_\_\_\_\_  
\_\_\_\_\_

Enrolling Parent's signature: \_\_\_\_\_

Date information supplied: \_\_\_\_\_

Please attach copies of relevant Court forms, documentation.

**EMERGENCY CONTACTS: (This must be someone that is NOT a parent, eg. Family friend, Aunty, Grandparent)**

Please list people who you authorise to take the child from the premises in an emergency:

1. Name \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**FAMILY DOCTOR:**

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ambulance No: \_\_\_\_\_

**Please note: Photo ID must be provided to staff to be able to collect children from the centre.**

\_\_\_\_\_

**BOOKING REQUIREMENTS:**

Please complete your anticipated care requirements for each session of care. We recommend that you also tick the 'casual/flexible' option to allow for any additional care that may be required in the future. This section must be completed and signed as part of our Complying Written Arrangement to ensure that you receive your Child Care Subsidy entitlements.

**Before School Care:** Session begins at 6:30am and ends at 8:45am

	Monday	Tuesday	Wednesday	Thursday	Friday	Casual/Flexible
Weekly						
Fortnightly A						
Fortnightly B						

Start Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

**After School Care:** Session begins at 2:30pm and ends at 6:00pm

	Monday	Tuesday	Wednesday	Thursday	Friday	Casual/Flexible
Weekly						
Fortnightly A						
Fortnightly B						

Start Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

On enrolment you will receive an email from 'do\_not\_reply@qikkids' with a link to set up the online booking portal, My Family Lounge which is used to make casual bookings and vacation care bookings. Please take action on this within 7 days or the link will expire. If this happens contact Fun-A-Rama to help you complete your registration.

**Vacation Care:** (See service for opening hours)

PLEASE NOTE: Vacation care bookings are offered on a Casual/Flexible basis. To book your child/children for a vacation care session you must use the My Family Lounge online booking portal. Bookings can be made up to 6 weeks in advance and the details of the vacation care program activities can be found on the portal or on our website [www.worldofkids.com.au](http://www.worldofkids.com.au)

For details of fees charged for each session of care please refer to the Fun-A-Rama Family Handbook or our website [www.worldofkids.com.au](http://www.worldofkids.com.au)

I UNDERSTAND THAT:

- Any changes to these bookings including requests for casual/flexible days or cancellations of booked days must be given to the centre in writing via email.
- A minimum of one week's notice must be given to cancel a booked session.
- Fees may vary from time to time with reasonable notice given.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**ACCIDENTS, ILLNESS & EMERGENCIES: Please sign at the bottom of the page to accept terms and conditions of enrolment**

We regret we are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorised person/s cannot be contacted), I/we consent to medical or hospital attention being sought for the child. I/we agree to pay any expenses incurred for medical treatment and transport.

In the case of an emergency when those people authorised to collect the child cannot be contacted, I/we consent to the licensee or supervising officer having due regard to the wellbeing of the child, authorising an adult staff member who is responsible for the child to take the child from the child care centre.

**PERMISSIONS:**

I give my permission for: (Please circle YES or NO)

- |   |          |
|---|----------|
| 1. My child to be transported on the Centre's bus (or vehicles of staff at Fun-A-Rama)  | YES / NO |
| 2. My child to attend any excursions/incursions/workshops and activities that occur during the FUN-A-RAMA Out of school care and school holiday program.  | YES / NO |
| 3. My child to participate in all activities offered in the Program. I agree it is my responsibility to familiarise myself with the curriculum and to advise the Centre in writing if I do not wish my child/ren to participate in a particular activity. | YES / NO |
| 4. For staff at the centre to take my child on excursions by foot within the local community.   | YES / NO |
| 5. My child to watch PG rated movies/tv shows at FUN-A-RAMA or excursion visits.  | YES / NO |
| 6. My child to use the oval, playground and other licensed areas of the school when supervised by an Educator   | YES / NO |
| 7. My child being observed by Educators and students for curriculum purposes.   | YES / NO |
| 8. a) My child's photograph, to be taken or recorded at the centre for use within the centre (May include photo development and/or printing outside the centre)   | YES / NO |
| b) Publish my child's photograph, name and age in local papers or publicity materials in regard to publicity for the centre.  | YES / NO |

Signature of Parent/Guardian (1) : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (2) : \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT'S STATEMENT**

The information given in this enrolment form is true and correct.

Signature of Parent/Guardian (1) : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (2) : \_\_\_\_\_ Date: \_\_\_\_\_

---

Please tick relevant boxes to confirm Immunisation Or My child is not Immunised   
 (A letter from a Medical Practitioner must be presented if your child is not immunised)



Government of Western Australia  
 Department of Health

# Childhood immunisation schedule

Use the checklist below to tick off your child's immunisations as you go.

Age	Disease protected against	
Birth	<ul style="list-style-type: none"> <li>Hepatitis B (1 injection) <i>(usually offered in hospital)</i></li> </ul>	<input type="checkbox"/>
6– 8 weeks	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, poliomyelitis, haemophilus influenzae type b (1 injection)</li> <li>Pneumococcal (1 injection)</li> <li>Rotavirus (drops in mouth)</li> </ul>	<input type="checkbox"/>
4 months	As above	<input type="checkbox"/>
6 months	As above	<input type="checkbox"/>
12 months	<ul style="list-style-type: none"> <li>Haemophilus influenzae type b, meningococcal C (1 injection)</li> <li>Measles, mumps, rubella (1 injection)</li> </ul>	<input type="checkbox"/>
<b>The following groups need an additional vaccine at 12 months:</b>		
Aboriginal children	<ul style="list-style-type: none"> <li>Hepatitis A (1 injection)</li> </ul>	<input type="checkbox"/>
Pre-term or low birth weight	<ul style="list-style-type: none"> <li>Hepatitis B (1 injection)</li> </ul>	<input type="checkbox"/>
Medically at risk	<ul style="list-style-type: none"> <li>Pneumococcal (1 injection)</li> </ul>	<input type="checkbox"/>
18 months	<ul style="list-style-type: none"> <li>Measles, mumps, rubella, varicella (1 injection) only for those who received a MMR vaccine previously</li> </ul>	<input type="checkbox"/>
18 months	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis (whooping cough)</li> <li>Pneumococcal (if not already given at 12 months)</li> <li>Hepatitis A</li> </ul>	<input type="checkbox"/>
Aboriginal children only		<input type="checkbox"/>
4 years	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis (1 injection)</li> </ul>	<input type="checkbox"/>
Medically at risk	<ul style="list-style-type: none"> <li>Pneumococcal (1 injection)</li> </ul>	<input type="checkbox"/>

All children aged from 6 months to less than 5 years should also receive the influenza vaccine each year. WA Health also offers a FREE vaccination program for year 8 students provided across 3 terms.

IMM-012914 FEB17

Parent name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## Health of the Child Form

### Special Health Support Needs:

Does your child have any special health support needs? (ie. asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements regular medical attention etc).

YES / NO

If your answer is YES please specify: \_\_\_\_\_

You and your Doctor will be required to complete a “**Special Needs Support Plan**” and/or an “**Emergency Action Plan**”, to ensure the centre is fully prepared to manage your child’s special health needs. This will include appropriately training staff to administer medication or other actions required to manage your child’s condition. All action plans for medical conditions/allergies will be displayed at the centre with the child’s photo.

### Ointments, Creams and Applications:

The Centre will provide the following preparations for First Aid:

Please sign against products you give staff permission to use on your child.

PRODUCT	APPLIED FOR	PARENT SIGNATURE
<b>Insect Repellent</b>	Mosquito repellent – outdoors	
<b>Band Aides</b>	Minor wounds/abrasions	
<b>Insect Sting Cream/Spray</b>	Insect Bites	
<b>Sunscreen</b>	Outdoor Play – Sun protection	
<b>Antiseptic Creams</b>	Minor wounds/abrasions	

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than three occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

- I understand that for all other medications I must complete and sign an **Authority to Give Medication** form on the day in which medicine is to be administered.
- I have read and agree to follow the centre policy on Administration of Medication.
- I have signed previously granting staff permission to seek medical attention when needed for my child.

Signature of Guardian / Parent (1): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian / Parent (2): \_\_\_\_\_ Date \_\_\_\_\_



## Out of School Hours Care

### Parents/Guardian's Registration Agreement

*(The use of the word 'we' will also include the singular 'I' where applicable in this section)*

**FUN-A-RAMA is open for Before and After School Care and Holiday Programs at FUN-A-RAMA Oakwood, Frederick Irwin Anglican School Halls Head and Meadow Springs, Comet Bay Primary School, Meadow Springs Primary School, St. Damiens Catholic Primary School and Lakelands Primary School. FUN-A-RAMA is a privately owned and government licensed centre with pick-up and drop off services to and from local schools. FUN-A-RAMA offers a program that encourages children to enjoy social and exciting activities.**

Appropriate sun safe clothing for each daily activity, closed in shoes, socks, hat, refillable water bottles, morning tea, lunch and afternoon snacks, bathers/rashies, towels.

Families are required to complete the enrolment form prior to commencing care at FUN-A-RAMA. We also ask parents to amend any details on enrolment forms when necessary.

Children must be brought to and collected from the centre so that they are signed in/out each day as this is a government regulation.

A late fee of \$20 is payable for the first 10 minutes or part thereof, plus a fee of \$2.00 per minute after that until the child is collected after pick-up time (6.00pm) this fee is PER CHILD. This is to cover overtime wages of staff.

Due to unforeseen events it may be necessary for the Program Supervisor to change aspects of, and/or modify the program at short notice.

**Unfortunately, no refunds for cancellations or absent days will be given during the holiday period except for special circumstances at the Directors discretion.**

***(NO CANCELLATIONS CAN BE MADE ONCE HOLIDAYS HAVE COMMENCED)***

If children require medication, written authorisation must be given to the educator on medication authority forms, together with the medication and all relevant details.

**FUN-A-RAMA is an allergy aware centre. Please ensure no nut lunches ie. peanut butter/Nutella.**

On excursions our staff ratio is 1:13 unless we have 4 year olds present then the ratio changes to 1:10. We use Mandurah Bus Charters, centre buses and hired school buses. We may visit other FUN-A -RAMA services and local parks in the Mandurah and Rockingham areas.

**Certification Nos.      HH:60    FI:40    MS:50    CB:50    LL:60    SD:24    OW:40**

---



## Out of School Hours Care

### Parents/Guardian's Registration Agreement

*(The use of the word 'we' will also include the singular 'I' where applicable in this section)*

1. We have viewed World of Kids FUN-A-RAMA Outside School Hours Centre and consent to the enrolment of the admitting child/ren.
  2. We acknowledge having received/downloaded and read the FUN-A-RAMA Family Handbook and we understand any changes to such will be displayed on the Centre's notice-board or through centre newsletters/updates.
  3. We recognise that World of Kids FUN-A-RAMA will reserve the right to remove a child from the program for any action by the child that may detract or hinder the program. This will include any threatening action, inappropriate language and/or any behaviour deemed disruptive by the Program Supervisor and World of Kids FUN-A-RAMA Director.
  4. We will not hold World of Kids FUN-A-RAMA responsible for any damage and/or loss of property.
  5. We agree to comply with all Government requirements in relation to the Centre and its service and are aware that it is our responsibility to maintain a current Family Assistance Office Income and Activity Assessment for Child Care Subsidy (CCS) purposes.
  6. We understand that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements such as confirming the service and other information through MyGov, as well as **signing the Complying Written Arrangement** provided by the service.
  7. We agree that in the case of accident or injury, the Centre will attempt to contact us and where we cannot be contacted medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an Ambulance and we agree to meet the expense of an Ambulance. In the case of an emergency as determined by the Staff at the Centre, we authorise the Centre to contact an Ambulance and send the child to hospital.
  8. We are aware that there is a \$20 booking fee that must be paid upon enrolment.
  9. We are aware that our fees are deducted through the DebitSuccess system from our nominated bank account or credit card on a weekly/fortnightly basis as chosen by the enrolling parent/guardian and fees are charged at one week in advance.
  10. We understand that if fees are debited from a credit card DebitSuccess will charge an additional fee calculated at 2.35% of the amount per transaction, and AMEX/Diners is 4.4% of the amount per transaction. All other DebitSuccess administration fees will be covered by World of Kids FUN-A-RAMA.
  11. We acknowledge that if a direct debit is returned unpaid, a failed payment fee is payable by the enrolling parent/guardian to DebitSuccess for each failed transaction. The usual failed payment fee is \$14.95. In some circumstances a fee up to \$25.00 may be applied. If funds remain insufficient this may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to parents.
  12. We understand that 3-year old's in 4 year old kindy can not attend **vacation care excursions**.
-



13. We are aware that seven (7) days' notice in writing of cancellation of care must be given in advance; otherwise fees will continue to be charged.
  - a. We are aware that fees for public holidays are payable if the day is a usual day of attendance.
  - b. We are aware that fees are payable for days where allowable absences are taken, this includes sick days and family holidays etc.
  - c. We have read the parent handbook and are aware of any closures to the Centre during the year.
14. We understand that a \$10 notification fee will be applied if we fail to notify FUN-A-RAMA of any absences before 2:30pm that day.
15. A late fee of \$20 is payable for the first 10 minutes after 6:00pm or part thereof, plus \$2.00 per minute after that until the child/children is collected This fee is PER CHILD.
16. We understand that a system of payment for late collection operates at the Centre to cover overtime payments due to staff. Any late collection will result in a fee being imposed.
17. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:
  - First Priority: Children at risk of serious abuse or neglect.
  - Second Priority: Children whose parents satisfy the work/training/ study test under section 14 of the Family Assistance Act.
  - Third Priority: Any other child.
18. We are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner.
19. We are aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the Centre if there is an outbreak of measles. We understand that the child will be accepted for further care by the Centre after receipt of medical advice that the infectious period has passed.
20. We are aware that the Centre may require the presentation of a medical certificate in the event of the child developing a long-term medical condition.
21. We agree to provide the Centre with all relevant information regarding the health of our child and any other information required by the Centre.
22. We are aware that if we fail to provide information correctly as required by the Centre, the Centre will be able to terminate services forthwith.
23. We are aware that there may occasionally be visitors at the Centre and volunteers that may assist at the Centre. We consent to our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision by qualified/experienced staff.
24. The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
25. We have read this Contract, and received relevant information about the service offered by this Centre for the care of:

We agree to abide by the conditions of use of the Centre and this Contract.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Family and Child Profile

We understand families using Outside Hours School Care are very busy, could you please complete the form below.

Please give a brief description of your family and its dynamics.

---

---

---

---

---

---

---

---

Does your child take part in any sports on regular basis? If so what are they?

---

---

---

---

---

---

---

---

What would you identify as you're your child's strengths?

---

---

---

---

---

---

---

---

Are there skills you would like your child to further develop?

---

---

---

---

---

---

---

---

Do you follow any religion or have a cultural background that you would like us to recognise within our curriculum? If yes, please leave some details for us to research further.

---

---

---

---

---

---

---

---

Thank you for taking the time to complete this form. Please feel free to add to is at any time.

---

## Direct Debit Request - Authorisation Form

### 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"/> <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"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

### Select from the Following

New Account       Change Debit Limit       Change Account Details

### Payment Details

**Payment Limit Amount:**  *This is the maximum amount to deduct at each centre where a balance occurs*  
so.00 or Blank = No Limit

**Surcharge:** Visa/MasterCard:  2.35%      AMEX:  4.4%      Bank Account:  N/A

**Payment frequency:**  Weekly *(default)*       Fortnightly      **Day of the week:**

**First Payment Date:**   /   /

### Direct Debit from Bank Account, Building Society Or Credit Union

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

Account Name:	<input type="text"/>
BSB Number:	<input type="text"/>
Account Number:	<input type="text"/>

 I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

### Credit Card

Please charge my payments to my:  Visa       MasterCard       AMEX

**Card number:**

**Expiry Date:**   /        **Name on Card:**

### Signature

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

Authorising Signature (s)

Date

  /   /



ABN 32 095 551 581  
APCA ID 184534 | AFSL 338256

## Terms and Conditions

### DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This 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 (DDR) and should be read in conjunction with your DDR Authorisation Form.

#### INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 184532 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

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

#### RELATIONSHIP

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.

#### 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.

#### VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. 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, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary 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 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.

#### DISHONOURED 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 Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); 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 DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong 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 DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this 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) The 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.

#### INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (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.

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) 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: qkclients@debitsuccess.com