



Essex Heights Juniors

Early Learning Centre & Kindergarten

iPay

Direct Deposit Agreement Form

Authorisation Agreement

I/We hereby authorise iPay to initiate automatic direct payments from my/our account as specified below, at intervals and amounts as directed by Essex Heights Juniors Early Learning Centre.

Further, I agree not to hold iPay responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Personal Details

Child's Name

Parent name:

Address:

Contact Phone Number:

Email:

Payment method (please nominate)

Credit Card Details

Account number:

Visa | Mastercard

Expiry date:

CVV Number:

Direct Debit Details

Name of Financial Institution _____

Account Name: _____

BSB Number: _____ Cheque | Savings

Account Number: _____

Signature

This authorisation is to remain in force in accordance with the terms, conditions on this Direct Debit request, the Fees policy provided Essex Heights Juniors Early Learning Centre, and I/we have read and understood the same.

Authorised Signature (Primary): _____ Date: _____

Authorised Signature (Joint – if required): _____ Date: _____

iPAY FEE SCHEDULE

| | | |
|--------------------|---|--------|
| Bank Account | Per transaction (to be incurred by Essex Heights Juniors ELC) | \$0.75 |
| Visa / Mastercard | Per transaction (to be incurred by Essex heights Juniors ELC) | \$0.75 |
| Visa / Mastercard | Calculated on transaction value (to be incurred by parents) | .90% |
| Failed transaction | Per failed or returned transaction attempt (to be incurred by parents) | \$2.75 |

Office use:

| | | |
|-----------------------|------------------------|--------------------|
| Date received: | Date processed: | Date ended: |
| | | |

Staff signature: _____