



*Where wellbeing and excellence matter*

### **Authorization for Credit Card Use**

Child/ren's full name enrolled into Coldstream OSHC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name on Card: \_\_\_\_\_

Circle which Credit Card type:      Visa      MasterCard

Credit Card Number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

CVV: \_\_\_\_\_

\* I authorize Coldstream Primary School OSHC to charge the weekly amount listed on my Qikkids statement each week to the above listed credit card. I agree to pay for this purchase in accordance with the issuing bank. I understand that I need to have my account paid one week ahead at all times, first payment will be double per child to be one week ahead.

\* I understand my OSHC/Vacation Care statement will be sent to me weekly and money will be taken the following week as per the statement.

\*\* Vacation care money will be charged at the time of booking or two weeks before the program starts. If extra days are added during the program payment will need to be made on the day of care.

\* I understand that I must communicate with Coldstream OSHC management in all matters relating to fees and payments.

\* I understand I am responsible to pay all monies owing to use of the vacation care program

Please refer to the fee policy for more information.

Cardholder – Please sign and date

I agree to all the above terms and conditions regarding payments and fees.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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