



**EPPING VIEWS PRIMARY SCHOOL AGE CARE  
DIRECT DEBIT AUTHORISATION**

**Student:** \_\_\_\_\_

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

**Card No:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Frequency of Direct Debit:**     **Weekly**     **Fortnightly**  
    **Monthly (End of Month)**

**Payment Type:**                             **OSHC Fees**  
    **Vacation Care (Full Payment only)**

**I hereby authorise Epping Views Primary School to deduct payments outstanding to the school from my credit card.**

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

**Filled Forms can be handed into the School Office or to one of the School Age Care Staff.**