

OSHC NQF Policies and Checklists Payment



Centre Support

Centre Name: _____

Approved Provider: _____

Nominated Supervisor: _____

Centre's phone: _____ Mobile: _____

Email: _____

Centre's Address: _____

Suburb / Town: _____ State: _____ Post Code: _____

Policies \$500 with 12 months of Policy Updates

NQS Checklist \$250

Policies on CD \$520 with 12 months of Policy Updates

Checklist on CD \$270

\$



EFT: please use centre name as reference

BSB: 112 879

Account: 156 111 217

Account Name: Centre Support Pty Ltd

Pay by Cheque

Pay: Centre Support

Centre Support Pty Ltd

PO Box 3378

BANGOR NSW 2234

VISA MasterCard AMEX Diners

Card Number: _____

Expiry Date: _____ / _____ Card Holder Name: _____

Signature _____ Date _____ / _____ / _____

D D M M Y Y Y Y

I/We authorise Centre Support Pty Ltd to debit my/our account at the Financial Institution identified above in accordance to the Payment Details stated above and as per the Service Agreement provided.

Fees / Charges : Visa/Mastercard 1.64% (min \$0.99) Amex/Diners 4.4% (min \$0.99)



We can debit your Bank Account

Financial Institution: _____

Account Name: _____

BSB: _____ Account No: _____

Signature _____ Date _____ / _____ / _____

D D M M Y Y Y Y

I/We authorise Centre Support Pty Ltd to debit my/our account at the Financial Institution identified above in accordance to the Payment Details stated above and as per the Service Agreement provided.

Centre Support Pty Ltd ABN: 29 132 937 538

T: 1800 440 102 F: 1800 308 029 E: admin@centresupport.com.au W: centresupport.com.au



Centre Support Pty Ltd

Ph: 1800 440 102 Fax: 1800 308 029

SERVICE AGREEMENT

I/We acknowledge that the bank account or credit card details we provide have been verified against a recent bank statement to ensure accuracy. If uncertain I/We have contacted the financial institution. We authorise:

- Centre Support to verify details of my/our account with my/our financial institution
- the Financial Institution to release information allowing Centre Support to verify my/ our account details

I/We acknowledge that it is my/our responsibility to ensure there are sufficient cleared funds in the nominated account to enable the payment to be honoured. If there are insufficient funds available, I/We authorise Centre Support to attempt to reprocess any unsuccessful payments, and acknowledge that:

- Centre Support will not be held responsible for any fees and charges that may be charged by my/our financial institution
- I/We are responsible for any fees and charges associated with each unsuccessful payment deduction plus any financial institution charges and collection fees, including any solicitor fees and collection agent fees appointed by Centre Support.

I/We acknowledge that Centre Support must provide 14 days notice if proposing to vary the terms of the payment arrangements.

Centre Support will keep information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim relating to an alleged incorrect or wrongful debit, or otherwise required by law.



Copyright Agreement

Centre Support

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Centre Support Pty Ltd
1800 440 102
PO Box 3378, Bangor NSW 2234
Thank you

Acknowledgement and Acceptance

I acknowledge and accept the Centre Support Pty Ltd copyright terms and conditions over the materials I have received.

Name: _____

Position: _____

Date: _____



Centre Support

T | 1800 440 102 F | 1800 308 029 W | centresupport.com.au

M | PO Box 3378 BANGOR NSW 2234

Centre Support Pty Ltd (ABN 29 132 937 538)