



Blackmans Bay Childrens Services

Credit Card Authority

I _____ (please print) hereby authorise

Blackmans Bay Childrens Services to debit my credit card number: _____

Expiry Date ____/____

with the balance of my account

or

the amount of \$ _____

on the 15th of each month.

I understand I will be provided with a monthly statement to verify these payments.

Signed: _____

Date: ____/____/____

Account Name/Number: _____

177b Roslyn Avenue, Blackmans Bay, TAS 7052
Ph: (03) 6229 4914 Fax: (03) 6229 2260
Email: oceanview@bbchildcare.org
www.bbchildcare.org