

**CREDIT CARD AUTHORITY**

I give permission for Clarence Outside School Hours and Holiday Care to deduct my fortnightly child care fees from my Credit Card. My Credit Card details are as follows:

**Centre:**

**Child's Name:**

**Card Holders Name:**

**Credit Card Number:**

**Expiry Date:**   
(select from dropdown)

**CCV Code:**   
(located on back of card)

**Contact Phone Number:**

**Type of Card:** ☐ MasterCard ☐ Visa  
(please tick one)

*I understand the above information will be kept securely with the Co-Ordination Unit  
and that I will receive a receipt each fortnight detailing the amount that has been  
deducted.*

**Signed:**

**Date:**

**Please return completed form to [oshc@ccc.tas.gov.au](mailto:oshc@ccc.tas.gov.au)**