



PAYMENT SCHEDULE REQUEST - NEW CUSTOMER

Business:	Bangalay Child Care & Education Centre	ABN/ACN:	
*Surname:		*First Name:	
Mobile Phone:			
*Email:			
*Address:			

* indicates a mandatory field.



Debit Schedule Arrangement

I authorise and request Xplor to debit payments from my nominated PayPal account, as specified below, at intervals and amounts as directed by Bangalay Child Care & Education Centre in accordance with the Terms and Conditions of this agreement.

Child's Name	Amount	Fixed	Variable										
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Payment Start Date	Weekly	Fortnightly	Monthly										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; text-align: center;">D</td> <td style="border: 1px solid black; width: 25px; text-align: center;">D</td> <td style="border: 1px solid black; width: 10px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; text-align: center;">M</td> <td style="border: 1px solid black; width: 10px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	D	-	M	M	-	Y	Y	Y	Y				
Preferred Payment Day													
<input style="width: 100%;" type="text"/>													

PayPal Account Holder Signature

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request.

Signature(s) of Nominated PayPal Account Holder/Credit Card Holder

	Date										
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D	D	-	M	M	-	Y	Y	Y	Y		