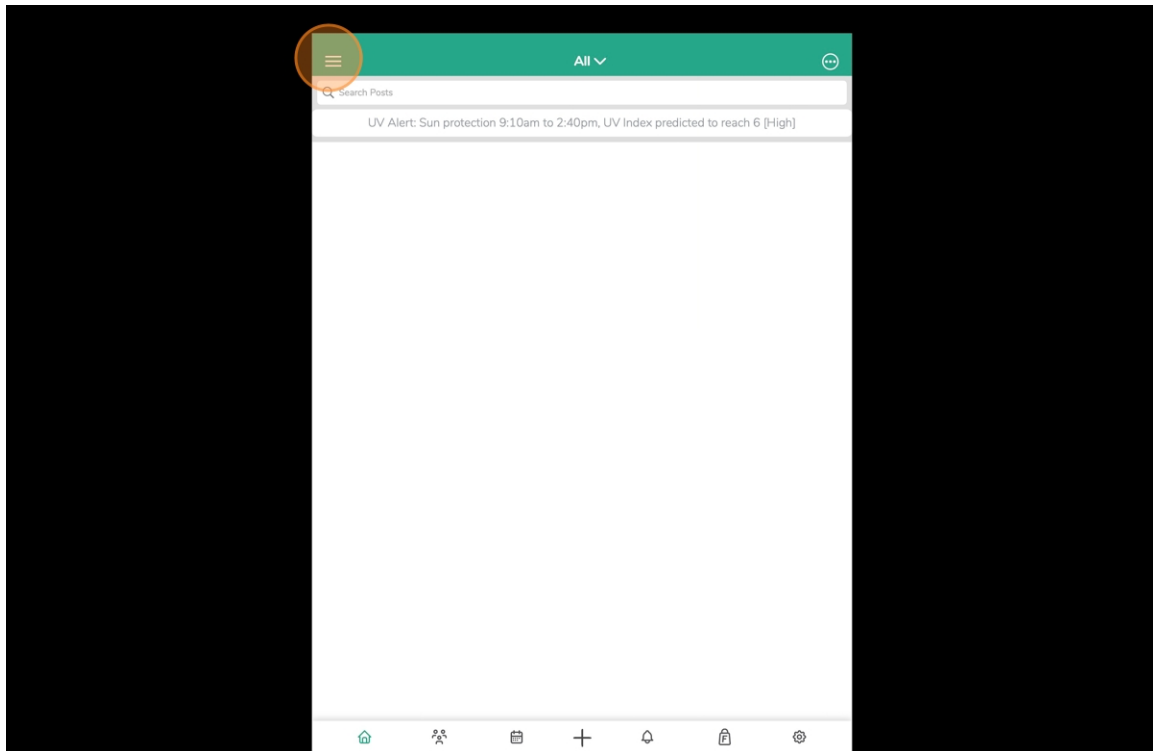
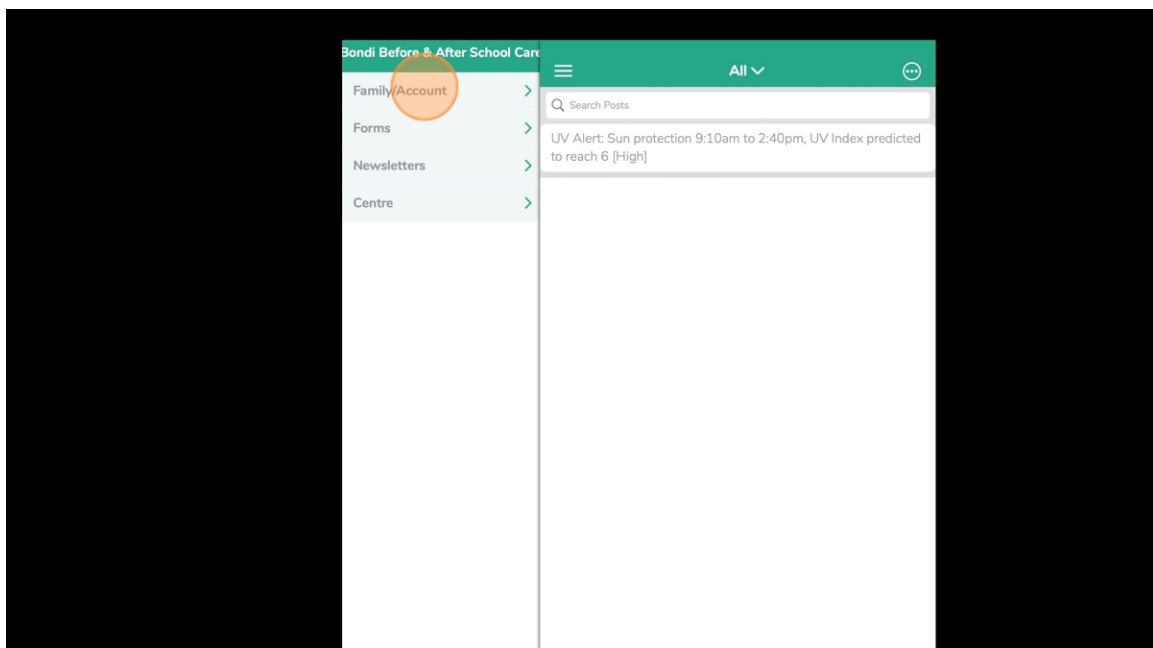


Add Payment Details

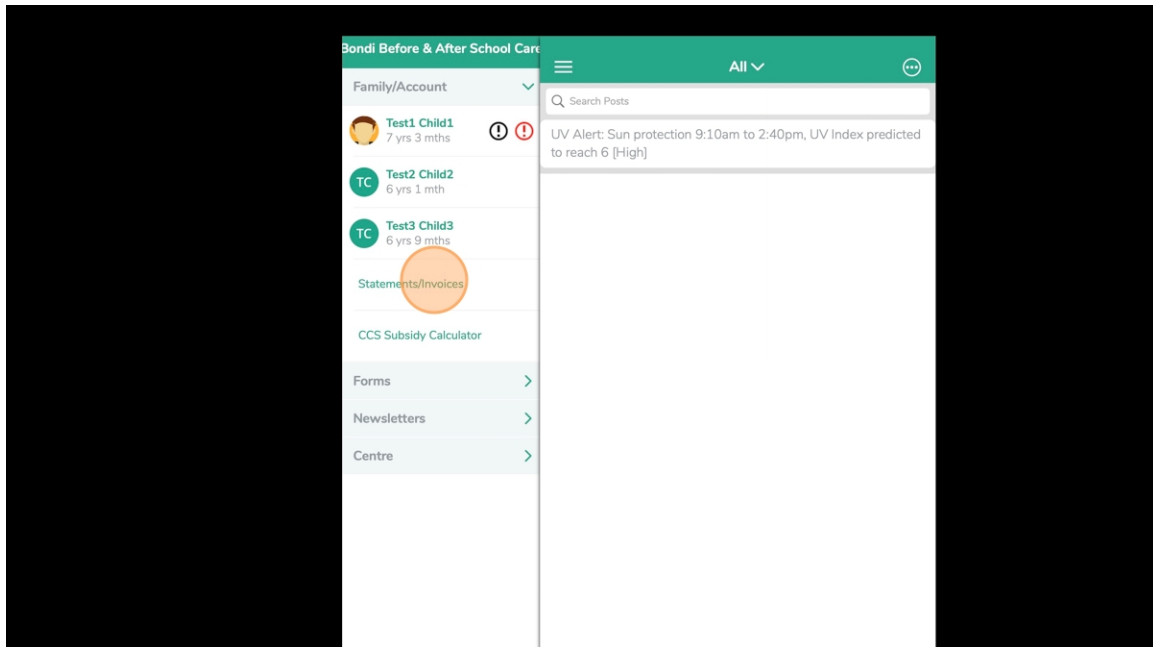
1. In the OWNA App, click the top left menu button.



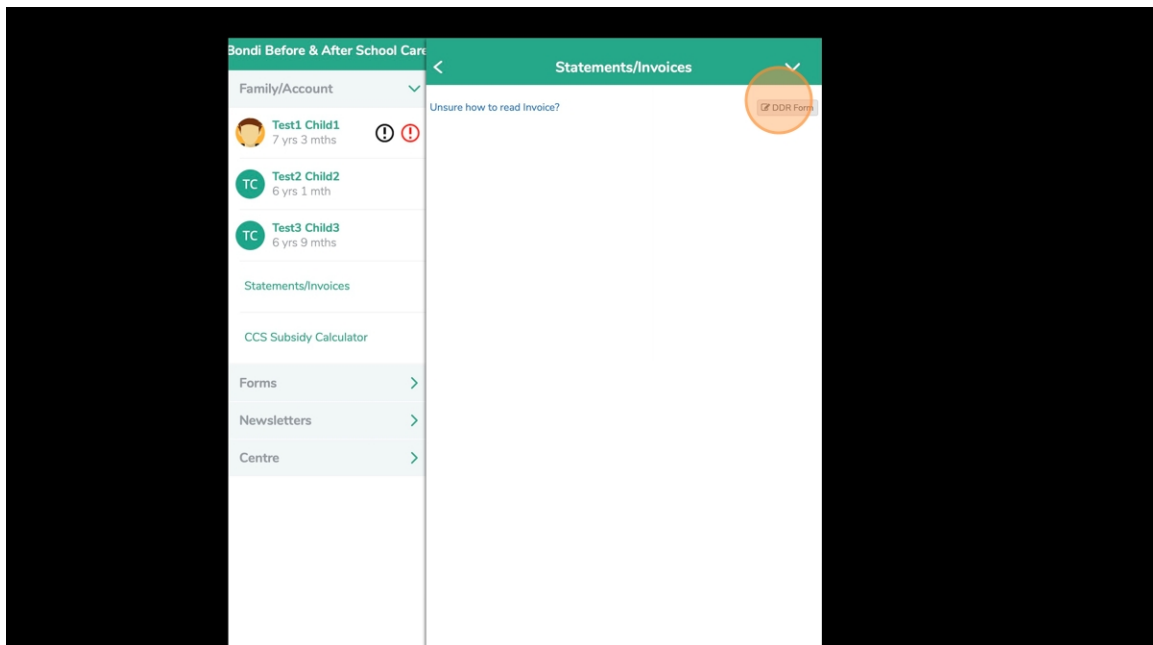
2. Click on 'Family/Account'.



3. Click 'Statements/Invoices'



4. Click the DDR Form link



5. Select either 'Credit Card/Debit Card' or 'Direct Debit from Bank Account'

Bondi Before & After School Care

Family/Account

Test1 Child1
7 yrs 3 mths

Test2 Child2
6 yrs 1 mth

Test3 Child3
6 yrs 9 mths

Statements/Invoices

CCS Subsidy Calculator

Forms

Newsletters

Centre

Statements/Invoices

Bondi Before & After School Care DDR Authority

Select Preferred Method*

☒ Credit Card/Debit Card

☐ Direct Debit from Bank Account

Your Signature*

☐ I have read the Terms and Conditions

☐ I have read the Privacy Policy

☐ By signing this Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements set out in this Request and in your Direct Debit Request Service Agreement.

Submit Details

Please read the Direct Debit Service Agreement below to acknowledge your obligations before proceeding.

Direct Debit Service Agreement - Fat Zahra

6. If credit card add in your card details.

Bondi Before & After School Care

Family/Account

Test1 Child1
7 yrs 3 mths

Test2 Child2
6 yrs 1 mth

Test3 Child3
6 yrs 9 mths

Statements/Invoices

CCS Subsidy Calculator

Forms

Newsletters

Centre

Statements/Invoices

Bondi Before & After School Care DDR Authority

Select Preferred Method*

☒ Credit Card/Debit Card

☐ Direct Debit from Bank Account

Credit Card/Debit Card Details

Name on Card*

Card Number*

Expiry Date*

Security Code*

Note: Surcharge of 1.75% apply to Credit Card/Debit Card payments and 2.75% apply to AMEX.

Your Signature*

7. Or if selecting bank account, enter in your account details.

Bondi Before & After School Care

Family/Account

Test1 Child1
7 yrs 3 mths

Test2 Child2
6 yrs 1 mth

Test3 Child3
6 yrs 9 mths

Statements/Invoices

CCS Subsidy Calculator

Forms

Newsletters

Centre

Statements/Invoices

Bondi Before & After School Care DDR Authority

Select Preferred Method*

☐ Credit Card/Debit Card

☒ Direct Debit from Bank Account

Bank Account Details

Account Name*

Account BSB*

Account Number*

Note: Direct Debit Rejection Fee of \$2.50 applies.

Your Signature*

☐ I have read the [Terms and Conditions](#)

8. Add in your signature. agree to the terms by checking all 3 boxes, then select 'Submit Details'.

Test3 Child3
6 yrs 9 mths

Statements/Invoices

CCS Subsidy Calculator

Forms

Newsletters

Centre

Card Number*

Expiry Date*

MM YY

Security Code*

Note: Surcharge of 1.75% apply to Credit Card/Debit Card payments and 2.75% apply to AMEX.

Your Signature*

☒ I have read the [Terms and Conditions](#)

☒ I have read the [Privacy Policy](#)

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