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**ABN: 85 676 459 681**

Dear Educators,

During our auditing process we were made aware that we are required to have written permission from each educator to deposit money into their bank account.

Also according to our Privacy Act we are obliged to gain each educator's written consent to transfer money into their account. Could you please complete the below form and return to the office ASAP.

**BANK ACCOUNT DETAILS.**

I ..... (full name) authorise Ballina

Byron Family Day Care to deposit the CCS transfer of fees less the parent levy and any educator deductions/transfers into the following bank account.

**Account Name:** .....

**Bank:** .....

**Branch:** .....

**Branch Number (6 digits):** .....

**Account Number:** .....

Educator Signature: .....

Date: .....