

Authority to Deduct

(07) 3372 1711
FDCadmin@ich.org.au
www.MyPlaceFDC.org.au
38 Sittella Street, Inala Q 4077
Facebook.com/MyPlaceFamilyDayCare



I _____ (*Educator*) hereby give authority for My Place Family Day Care to deduct for the following:

ITEM	UNIT PRICE	QUANTITY	TOTAL PRICE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		Total Due:	\$ _____

Educator's Signature: _____ **|OR|**

Educator's Representative: _____ Relationship to Educator: _____

Date: _____