



## JESUIT SOCIAL SERVICES

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**Yes, I want to support the work of Jesuit Social Services  
and help to shape the society we live in.**

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

OR Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Yes, I'd like to become a Community Partner of Jesuit Social Services

*By regularly contributing financially through your bank account or credit card you directly help to ensure our work continues. All Community Partner donations are totally tax deductible!*

\$30 per month     \$50 per month     \$100 per month     \$200 per month

or  \$ \_\_\_\_\_ every \_\_\_\_\_ month/s

The month/year of my first contribution is \_\_\_\_\_ / \_\_\_\_\_

Yes, I'd like to make a single tax deductible donation.

On this occasion, I would like to make a single tax deductible donation of \$ \_\_\_\_\_

*Your donation will make a difference.*

Please send me information about including Jesuit Social Services in my Will.

*By remembering Jesuit Social Services in your Will,  
you can ensure our work continues and help to create a better future.*

Yes, I'd like to join the Jesuit Social Services volunteer program.

For any inquiries about Jesuit Social Services,  
please call **03) 9427 7388**



# JESUIT SOCIAL SERVICES PAYMENT FORM

**Credit Card Payment Method** (Community Partners or single donations)

Visa     MasterCard     American Express

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Card Number

Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Cheque Payment Method** (Single donations) *Please firmly attach your cheque to this form & post.*

**Direct Debit Payment Method** (Community Partners)

Request and Authority to debit the account named below to pay Jesuit Social Services Ltd.

Company name & ABN/ACN: \_\_\_\_\_ OR

Given names & Surname: \_\_\_\_\_ ("you")

request and authorise Jesuit Social Services Ltd (327929) to arrange, through its own financial institution, for the nominated amount Jesuit Social Services may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement

Financial institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of account: \_\_\_\_\_

BSB number: 

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Account number: 

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By signing the Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Jesuit Social Services as set out in this Request and in your Direct Debit Request Service Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If signing for a company, sign and print full name and capacity for signing e.g. director)

Address: \_\_\_\_\_

DIRECT DEBIT REQUEST: I / we authorise Jesuit Social Services to arrange for funds to be debited from my / our account at the financial institute identified above. This authorisation is to remain in force in accordance with the terms described in the service agreement below.

1. Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.
2. You are advised to check your account details by contacting your Financial Institution.
3. It is your responsibility to ensure sufficient clear funds are in the nominated account when payments are to be drawn. If the transaction is returned, we will write to you seeking your instructions.
4. Should you wish to cancel, defer or make alterations to the direct debit arrangement, please ring (03) 9427 7388 or write to Jesuit Social Services, PO Box 271, Richmond, Vic 3121. We will give you 14 days notice if we vary any of the debit arrangements.
5. Should you have any queries or dispute any Debit Item, please contact Jesuit Social Services in the first instance.
6. Your records and account details will be kept private and confidential to be disclosed only if requested by yourself or Financial Institution if a claim is made for an alleged incorrect or wrongful debit.

Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

(both signatures required if joint account)

**Mail: PO Box 271, Richmond Vic, 3121**

**Fax: 03 9427 1819**

**email: jss@jss.org.au**