

# Community Partner Program

## Your opportunity to help shape the society in which you would like to live

I would like to become a Community Partner by donating \$ \_\_\_\_\_ per month

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

or Company name: \_\_\_\_\_

Position Title: \_\_\_\_\_ ABN/ACN: \_\_\_\_\_

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

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

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

### PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

1.  **Credit Card Payment Method**       Visa       MasterCard

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

Card Number

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

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

2.  **Direct Debit Payment Method**

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

"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. This authorisation is to remain in force in accordance with the terms described in the service agreement below.

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

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

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

BSB number: 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 - 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Account number: 

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

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.

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

(both signatures required if joint account)

**Thank you for helping us to work towards building a just society.**