

First Name:
Initials:
Surname:
Tel (Day) (...):.....
Tel (Eve) (...):.....

Address:
.....
Suburb:
State:
Postcode:

Date of Birth: .../.../.....
Occupation:
Email:.....
Mobile:

I/We, wish to become a DONOR by making an ongoing monthly donation to Ability First Australia of (please tick):

- \$100.00 Other \$_____ (please specify)

I understand that this amount will be debited from my bank account or credit card every month until further notice.

- If you wish to pay by direct debit from your **CREDIT CARD** please complete **OPTION 1**
- If you wish to pay by direct debit from your **BANK ACCOUNT** please complete **OPTION 2**

OPTION 1 – DIRECT DEBIT CREDIT CARD AUTHORISATION

Please debit my/our credit card every month beginning _____ (*specify month*) and at monthly intervals thereafter until further notice.

Credit Card (please tick):	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Bankcard <input type="checkbox"/>	Amex <input type="checkbox"/>																
Card No:																Expiry:				
Name on Card:													Signature:							

YOUR CREDIT CARD WILL BE DEBITED ON THE 15th OF EACH MONTH.

OPTION 2 – DIRECT DEBIT BANK ACCOUNT AUTHORISATION

Request and Authority to debit the account named below to pay Ability First Australia.

Please debit my/our bank account every month beginning _____ (*please specify month*) and at monthly intervals thereafter until further notice.

Your Financial Institution's Name and Branch Address:																																								
Account in name of:																																								
BSB No:																					Account No:																			

Request and Authority to debit

Company name: Ability First Australia ABN: 33 103 184 550

I/We request and authorise Ability First Australia [Debit User Identification Number 345905 to arrange, through its own financial institution, for any amount Ability First Australia may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified above and paid to Ability First Australia, subject to the terms and conditions of the Ability First Australia Direct Debit Request Service Agreement* [and any further instructions provided below]. **Financial institution at which account is held:** Bendigo Bank 198 Church St, Parramatta, 2150

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Ability First Australia as set out in this Request and in the Direct Debit Request Service Agreement*.

*A copy of the Direct Debit Service Agreement is attached and an additional copy will be sent to you.

Signature:

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

YOUR BANK ACCOUNT WILL BE DEBITED ON THE 15TH OF EACH MONTH.

Receipts will be issued at the end of each financial year.

**THANK YOU FOR YOUR SUPPORT! Please complete this form and return it to:
Ability First Australia, level 4, 6 Bridge Street, Sydney NSW 2000**

Service Agreement

1. **Ability First Australia Ltd** (the “Debit User”) will debit the BSB/Account nominated in The Schedule of this Direct Debit Request as specified.
2. **Ability First Australia Ltd** will give not less than 14 days written notice to the customer should it propose to vary the arrangements of this Direct Debit Request.
3. The customer(s) may request Ability First Australia to defer or alter the payment amount specified in the Schedule of this Direct Debit Request. Requests authorising these changes may be made by phoning or written advice to Ability First Australia Ltd Customer(s) may change the:
 - Due Date of Payment
 - Payment Amount
 - Frequency of Payment

Customer(s) wishing to vary the drawing account details specified in The Schedule of this Direct Debit Request must provide signed authority for Such changes to be effected.

4. In compliance with the Industry’s Direct Debit Claims Process, **Ability First Australia Ltd** will assist customer(s) disputing any payment amount drawn on the nominated BSB/Account in The Schedule of this Direct Debit Request. **Ability First Australia Ltd** will endeavor to resolve this matter within the Industry agreed timeframes. Customer(s) may visit any branch of their financial institution and complete a “Direct Debit System Claim Request” form to initiate the process.
5. **Ability First Australia Ltd** advises that some Financial Institution accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution to ensure the account nominated in The Schedule of this Direct Debit Request enables direct debiting.
6. It is the customer(s) responsibility to ensure at all times there is sufficient cleared funds available, at the due date of the debit drawing, to enable payment from the BSB/Account as nominated in The Schedule of this Direct Debit Request.
7. **Ability First Australia Ltd** advises the debit drawing will be made on the agreed due date as nominated in The Schedule of this Direct Debit Request. When the due date is a closed business day **Ability First Australia Ltd** will initiate the debit drawing on the next open business date. Customer(s) may direct processing inquiries to their financial institution.

A closed business day is defined as any calendar day on which the customer(s) financial institution is not open for direct debit processing. That is

- Weekends
 - Public Holiday – State
 - Public Holiday – National
8. Where an unpaid debit item is returned by the customer(s) financial institution, **Ability First Australia Ltd** will, apply an Outward Dishonor Fee to the customer(s) account.
 9. Customer(s) who wish to cancel this Direct Debit Request must notify **Ability First Australia Ltd** in writing not less than 7 days before the next scheduled debit drawing. This request may be directed to **Ability First Australia Ltd** or to a customer (s) financial institution.
 10. **Ability First Australia Ltd** requests the customer(s) to direct all inquires, disputes requests for payment changes or cancellation directly to them
 11. **Ability First Australia Ltd** agrees to keep confidential all customer(s) records and account details contained in The Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer(s) has provided prior consent to do so.