



# Direct Debit Request

**Request and Authority to debit the account named below to pay  
Prostate Cancer Foundation of Australia**

<b>Request and Authority to debit</b>	I / We _____ Of _____ Suburb _____ State _____ Post Code _____  request and authorise the Prostate Cancer Foundation of Australia (APCA ID Number 303676) to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS) or to debit my/our account by any other means in accordance with the Direct Debit Request Service Agreement and any further instructions provided below.
<b>Insert details of account to be debited</b>	<b>Financial Institution Name</b> _____ <b>Branch</b> _____ <b>Account Name</b> _____  <b>BSB number</b>  _ _ _ _  -  _ _ _ _   <b>Account number</b>  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
<b>Acknowledgement</b>	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Prostate Cancer Foundation of Australia as set out in this Request and in your Direct Debit Request Service Agreement.
<b>Payment Details</b>	I/We request the Prostate Cancer Foundation of Australia to debit my/our nominated account the amount of \$_____ (insert amount)  I/We request these debits to take place at the following frequency:  <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> ½ Yearly <input type="checkbox"/> Annually (please indicate frequency)
<b>Declaration</b>  (if in joint names both signatures may be required)	I/we authorise the following;  1. The debit User to verify the details of the abovementioned account with my/our financial institution; 2. The financial institution to release information allowing the Debit User to verify the abovementioned account details.  <b>Signature(s)</b> _____

## Credit Card Option

Select Card Type:                       Visa                       MasterCard                       Amex

Cardholder Name: \_\_\_\_\_ Card Expiry \_\_\_\_ / \_\_\_\_

Card Number:    □ □ □ □    □ □ □ □    □ □ □ □    □ □ □ □

I hereby authorise the Prostate Cancer Foundation of Australia to debit my Credit Card Account with the amount and at the intervals specified above. This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

**Signature of Cardholder:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Direct Debit Request (DDR) - Service Agreement

**Please ensure that you have read the following before sending in the Direct Debit Request.**

**Please retain this page for your records.**

- We may vary this agreement at any time by giving you at least 14 days notice.
- By signing a Direct Debit Request, you request and authorise us to arrange for funds to be debited from your account according to the agreement we have with you.
- We will only arrange for funds to be debited from your account:
  - a) as requested and authorised in the Direct Debit Request; and/or
  - b) according to any notice sent to you specifying the amount payable and the date the donation is due.

The donation will be deducted from your nominated account on the payment due date as nominated by you. If the due date for donation falls on a non-working day or a public holiday, the donation will be processed on the next working day.

- It is your responsibility to ensure that you have sufficient funds in the nominated account when donations are due to be drawn. If you do not have sufficient funds, the transaction will be rejected and a dishonour fee may be charged to your account. We treat the donation as if it was never made.

You should be aware that:

- a) Direct Debiting through Bulk Electronic Clearing System is not available on all accounts;
  - b) Account details should be checked against a recent statement from your financial institution. If you are in any doubt, you should check with your ledger financial institution before completing the Direct Debit Request; and
  - c) It is your responsibility to advise us if your nominated account is altered, transferred or closed, including a change of expiry date for Credit Card accounts.
- If you believe there has been an error in debiting your account you should contact us on (02) 9438 7000 between 9.00am and 5.00pm AEST Monday to Friday as soon as possible so that we can resolve your query quickly
  - Your records and account details will be kept private and confidential and will only be disclosed at your request or at the request of the financial institution in connection with a claim made to an alleged incorrect or wrongful debit, or otherwise required by law.
  - For all matters relating to the Direct debit arrangement on your account, including requests for deferment of debits, alteration of debit arrangements or stopping or cancelling your Direct Debit Request, please call us on (02) 9438 7000 between 9.00am and 5.00pm AEST Monday to Friday.
  - Please sign and return to PCFA, PO Box 1332, Lane Cove NSW 1595 or email [donations@prostate.org.au](mailto:donations@prostate.org.au).