

Monthly Donation Authorisation



Title _____ First name _____ Surname _____

Address _____

Postcode _____

Home phone _____ Work phone _____ Mobile _____

Email address _____

Date of birth* _____ / _____ / _____

*You are entitled to view all of your personal information held by us. We ask for your date of birth as verification of your identity, in the event of you requesting to access your record.

I/we would like to make an ongoing monthly gift to Baker Heart and Diabetes Institute, to help fund research that will prevent, manage and treat diabetes and cardiovascular disease.

I would like to donate \$_____ (per month) from the below account commencing in _____ (month).

> If you wish your regular gift to be deducted from your CREDIT CARD please complete options 1 & 3.

> If you wish your regular gift to be deducted from your BANK ACCOUNT please complete options 2 & 3.

1 Credit Card Payment

Donations will be deducted anytime from the 15th of each month.

Card type: VISA MasterCard AMEX

Card number: _____

Cardholder name: _____

Signature: _____ Expiry Date: _____ / _____

2 Bank Account Payment *this option is only available if making a regular monthly gift

By signing this document you authorise Baker Heart and Diabetes Institute (Direct Debit User ID 379712), on the 15th of each month (or nearest business day) until further notice in writing to arrange for funds to be debited from my/our account as described in the schedule above by the Bulk Electronic Clearing System. I have read the "Direct Debit Request Service Agreement" that is enclosed and acknowledge and agree with its terms and conditions.

Name and branch of your financial institution: _____

Account Name: _____

BSB Number: _____ Account Number: _____

3 Authorisation

I/we authorise Baker Heart and Diabetes Institute to debit the selected credit card or account (both signatures required if debiting from a joint bank account) with the amount specified unless otherwise notified.

Signature(s): _____ Date: _____ / _____ / _____

Thank you for your ongoing support.

Donations of \$2 or more are tax deductible.

We respect your privacy and are committed to protecting it according to the National Privacy Principles. You can view our privacy policy at baker.edu.au/privacy_policy/. For further information, please contact our Privacy Officer: T1800 827 040 · E privacy@baker.edu.au

Baker Heart and Diabetes Institute

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PO Box 6492, Melbourne VIC 3004 AUSTRALIA
ABN 98 131 762 948

baker.edu.au

Our commitment to you

This document outlines our service commitment to you, in respect of the Direct Debit Request arrangements made between Baker Heart & Diabetes Institute (User ID 379712) and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

In terms of the Direct Debit Request arrangements made between us and authorised by you, we undertake to periodically debit your nominated account for the agreed amount for donations.

Drawing arrangements

We will advise you, in writing, the details of the Direct Debit Request arrangement (amount: frequency: commencement date) at least fourteen (14) calendar days prior to the first drawing.

Where the due date falls on a non-business day, we will draw the amount on the next business day.

We will not change the amount or frequency of drawings arrangements without your prior approval.

As we incur penalties for drawings returned unpaid, we reserve the right to cancel the Direct Debit Request arrangement if two or more drawings are returned unpaid by your nominated Financial Institution we will arrange with you an alternate payment method.

We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

Your rights

Changes to the arrangement

You may terminate the Direct Debit Request arrangements at any time by giving written notice directly to us, rather than your nominated financial institution. Notice given to us should be received by us at least ten (10) business days prior to the date.

You can stop your donation under the Direct Debit Request arrangement by giving written notice directly to us, rather than your nominated financial institution. Notice given to us should be received by us at least ten (10) business days prior to the due date.

You may request change to the drawing amount and/or frequency of Direct Debit Request arrangement by contacting us and advising your requirements no less than ten (10) business days prior to the due date.

Where you consider that a drawing has been initiated (outside the Direct Debit Request arrangement) you may take the matter up directly with us by calling 1800 827 040.

If you do not receive a satisfactory response from us to your dispute, contact your nominated financial institution who will respond to you with an answer to your claim.

You will receive a refund of the drawing amount if we can not substantiate the reason for the drawing.

Your commitment to us

Your responsibility

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.

It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the Direct Debit Request arrangement is transferred or closed.

It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the Direct Debit arrangement. substantiate the reason for the drawing.

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