



Please complete the entire form

*Fax back to 07-3137-1315

*Email scanned copy to pk4a@pk4a.com

*Post to Po Box 7833, East Brisbane, Q, 4169

*Ph 0411 739 379 or 0438 782 402



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN, * Indicates a MANDATORY FIELD

Business: Health and Development Aid Abroad Australia Fund Inc ABN/ACN: 43 739 862 351 HADA GEN 39720
Customer Reference: [] RVH GEN 31747
*Surname: [] *Given Name: []
*Mobile #: [] [] I authorise Ezidebit to remind me of upcoming debits via SMS.
* Email: []
*Address: []
*Suburb: [] *State: [] *Postcode: []

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

[] Once Only Debit On Date: [] / [] / [] Debit this amount: \$ []
[] Regular Debits Starting on Date: [] / [] / [] Debit this amount: \$ []
Frequency: [] Weekly [] Fortnightly [] Monthly [] 4 Weekly

Please use my Funds for

SLE-013 Sierra Leone - SCHOOL BUILDINGS []
SLE-012 Sierra Leone - ORPHANAGE DEVELOPMENT []
Social Welfare at Rev Themis's discretion - Not Tax deductible []
(Please tick a box - default is Non Tax Deductible)

CHOOSE YOUR PAYMENT METHOD

[] Debit from Credit Card
[] VISA [] MasterCard [] AMEX [] Diners
Card Number: [] Expiry Date: [] / []
Name of Cardholder: []
By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement.

[] Debit from Bank, Building Society or Credit Union Account
Financial Institution: [] Branch: []
BSB Number: [] - [] Account Number: []
Account Holder Name: []

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.5) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.5) and I/we have read and understand same.

Signature(s) of Nominated Account: [] Date: [] / [] / []