



Please complete the whole Form and

* Fax to 07 - 3137 - 1315
* Email to pk4a@pk4a.com



* Post back to Po Box 5777, West End, Q, 4101
* Phone 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 Fund Inc. ABN/ACN 43 739 862 351 Charity Cert No. 1273 (HADA Gen 39720)
Business : The Rev Themis & Friends Trust trading as Paradise 4 Kids - AU; P4K-AU. ABN/ACN 82 798 997 758 (RVH Gen 31747)

*Surname: / Business: *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

The project you are donating to is
Papua New Guinea Haus Pikinini
a P4K Orphanage Development and is
Tax Deductible via our partners
HADA

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. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

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: