



* Postal - Po Box 5777, West End, Q, 4101 * Phone - 0411 739 379



NEW CUSTOMER FORM

	Please complete this form using a BLACK PEN, * Indicates a MANDATORY FIELD
	and Development Aid Abroad Fund Inc. ABN/ACN 43 739 862 351 Charity Cert No. 1273 (HADA Gen 39720) v Themi & Friends Trust trading as Paradise 4 Kids - AU; P4K-AU. ABN/ACN 82 798 997 758 (RVH Gen 31747)
*Surname: / Business:	Name:
*Mobile #:	Your personal contact details will never be passed on to 3rd parties and will only be use to advise you of your donations or news and updates of Paradise 4 Kids.
* Email:	news and updates of Paradise 4 Mus.
*Address:	
*Suburb:	*State: *Postcode:
DEBIT ARRANGEM	ENT 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 Deb	it On Date: / / Debit this amount: \$
Regular Debits	Starting on Date: / / / Debit this amount: \$
Frequency:	Weekly Fortnightly Monthly 4 Weekly
Please choose you preferred project by marking the Box	
□ Sierra Leone - □ FIJI - FJI-500 E □ PNG - PNG-01	SLE-500 Education Community Care SLE-501 Orphans & Community Education and Orphan Care Program 0 Papua New Guinea Haus P4K Help the Homeless
CHOOSE YOUR PA	YMENT METHOD
Debit from Crea	dit Card
VISA	MasterCard AMEX Diners
Card	
Number:	Expiry Date: /
Number: Name of Cardholder: By signing this for	
Number: Name of Cardholder: By signing this for appear as the mer	M M Y Y rm, 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 rchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through
Number: Name of Cardholder: By signing this for appear as the mer	M M Y Y rm, 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 rchant 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.
Number: Name of Cardholder: By signing this for appear as the mer Debit from Ban Financial	M M Y Y rm, 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 rchant 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. k, Building Society or Credit Union Account
Number: Name of Cardholder: By signing this for appear as the mer Debit from Ban Financial Institution:	M M Y Y Trong Normal Second Se
Number: Name of Cardholder: By signing this for appear as the mer Debit from Ban Financial Institution: BSB Number: Account Holder Name:	M M Y Y Trong Normal Second Se
Number: Name of Cardholder: By signing this for appear as the mer Debit from Ban Financial Institution: BSB Number: Account Holder Name:	M M Y Y rm, 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 rchant 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. k, Building Society or Credit Union Account Branch: Account Number: 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 al Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this
Number: Name of Cardholder: By signing this for appear as the mer Debit from Ban Financial Institution: BSB Number: Account Holder Name:	M M Y Y m, 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 chant 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. k, Building Society or Credit Union Account Branch: Account Number: 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 al 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) and I/we have read and understand same. Date: / / /