theAlfred FOUNDATION

DIRECT DEBIT AUTHORISATION FORM

Please use this form to make your monthly gift to The Alfred

YES, I would like to help The Alfred purchase life-saving equipment now and in the future. Please sign me up as a Friend of The Alfred to make regular, ongoing monthly donation of:

☐ **$10** ☐ **Other $**_____ (minimum $5 per month)

I would like my donations debited on (please select one): ☐ 10th of each month ☐ 30th of each month

- If you would like your regular gift to be deducted from your **CREDIT CARD,** please complete options **1** & **3** below.
- If you would like your regular gift to be deducted from your **BANK ACCOUNT,** please complete options **2** & **3** below.

Name:

Address:

Suburb:

P/code:

#

Home Phone: _____
Work Phone: _____
Mobile Phone: _____
Email Address: _____
Date of birth*: _____

* As part of current privacy legislation you are entitled to view all your personal information held by The Alfred Foundation. We ask for your date of birth, as verification of your identity, in the event of you wishing to access this information.

(1) CREDIT CARD PAYMENT

Card Type: ☐ MasterCard ☐ Visa ☐ Diners ☐ Amex

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on Card:

Expiry Date: ☐☐ ☐☐

(2) BANK ACCOUNT PAYMENT *this option is only available if making a regular gift

By signing this document, I authorise The Alfred Foundation ABN 27 318 956 319 (Direct Debit User ID #252944), the Debit User, to debit my/our account as detailed in this Schedule, through the Bulk Electronic Clearing System (BECS). I must pay the Debit User when due under the arrangement between us.

Your financial institution's full name & mailing address:

Name of your Account:

BSB Number: ☐☐☐ ☐☐☐ Account Number

(3) AUTHORISATION

I authorise The Alfred Foundation to debit the selected account or credit card with the amount specified unless otherwise notified **(signatures of both account holders will be required if your bank account is a joint account)**.

Signature(s): Date:

This authority is to remain in force until further notice.

Please return the completed authorisation to: The Alfred Foundation, PO Box 2021, Prahran VIC 3181

Occasionally we may organise mailings from third parties to our mailing list with information that we believe may be of interest to you. These organisations usually allow us to do the same. If you do not wish to receive such mailings, please tick the box □.

The Alfred Foundation raises funds for The Alfred hospital. However, if you do not wish to receive further communication from us please send your name and address to our address listed above.

DIRECT DEBIT

Donations of $2 and over are tax deductible