

Contact the National Office
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Kingsford NSW 2032
Reply Paid 684



AFES
Please return this form to:

Direct Debit Terms and Conditions
I/we authorise AFES (User ID 65593) to arrange for the above funds to be debited from my/our account at the financial institution identified above as prescribed by the Bulk Electronic Clearing System. This authorisation is to remain in accordance with the terms described in the following service agreement: 1. Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution. 2. You are advised to check your account details by contacting your financial institution. 3. Your account will be debited at the frequency specified, from the date specified (or the nearest working day). 4. It is your responsibility to ensure sufficient clean funds are in the nominated account when payments are to be drawn. Bank dishonour fees may apply if insufficient funds are in the account. If the transaction is returned unpaid, we will contact you seeking your instructions. 5. Should you wish to cancel, defer, or make alterations to the direct debit arrangement, please ring 02 9697 0313 at least 7 days before the usual debit date. We will give you 14 days notice if we vary any of the debit arrangements. 6. Should you have any queries or dispute any debit item, please contact AFES in the first instance. 7. Your records and account details will be kept private and confidential to be disclosed only if requested by yourself or the financial institution if a claim is made for an alleged incorrect or wrongful debit.



financial response form

financial response form

personal details

Mr / Mrs / Miss / Ms / Dr / Rev / Other:

First name:

Surname:

Address:

Suburb:

State:

P/code:

Phone: h.

w.

m.

Email:

Your privacy is important to us. We will not use the information collected on this form for any purpose outside of the ministries and activities of AFES or disclose this information to a third party without your prior consent. To view our Privacy Statement see our website: www.afes.org.au/about/privacy

supporting

Please direct my support to:

_____ staffworker or campus you wish to support

I'd like to make a regular contribution of:

fortnightly (Direct Debit only)

monthly 6 monthly

quarterly yearly

OR

I'd like to make a one-off contribution of:

\$

\$

Note: All donations will be allocated to the campus/staffworker you nominate. When a staffworker ceases, any surplus funds will be reallocated at the discretion of AFES.

payment options

Direct Debit *This is our preferred method of giving. Your supporter dollar goes further with direct debit because it incurs the lowest bank fees.*

Please begin my direct debit from the following account on or after date:

DD/MM/YY

Account name:

BSB:

Account number:

I/we agree to the direct debit terms and conditions below. Note: both signatures may be required if using a joint account.

Signed:

Credit card *Credit card deductions are made on a set date of every month.*

Name on card:

MasterCard Visa

Card number:

Signed:

Exp: MM/YY

Direct deposit *Through internet banking. Please return this form to us, and we will send you the AFES bank account details and a unique ID number which you must use when making deposits into the AFES account.*

Cheque / money order *made payable to 'AFES' is enclosed*

OFFICE USE ONLY

ID # _____ Batch _____ Supporting _____ Amt _____