Planned Giving

DIRECT DEBIT REQUEST FORM

GLEBE

REWARD WITHOUT COMPROMISE

I/we request you, the Sydney Diocesan Secretariat, to arrange for funds to be debited from my/our nominated Bank Account or Credit Card Account at the financial institution shown below and credited to

NAME OF MINISTRY ORGANISATION

Church Army in Australia

☐ New Application ☐ Change of Existing Application

NAME _____

ADDRESS _____

I /We have read and accepted the terms of the Service Agreement overleaf.

SIGNATURE(S)- all signatures are required for joint accounts.

DIRECT DEBIT FROM BANK ACCOUNT

FINANCIAL INSTITUTION _____

BRANCH NO. (BSB) ☐☐☐ - ☐☐☐

Account no. ☐☐☐☐☐☐☐☐☐

Account Name _____

Please debit $_____ Payment frequency ☐ One-off ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Annually

Purpose of Payment _____

Commencing ☐ immediately or ☐☐ / ☐☐ / ☐☐☐☐

Signature(S)- all signatures are required for joint accounts.

Date ☐☐ / ☐☐ / ☐☐☐☐

DIRECT DEBIT FROM CREDIT CARD

Type of card ☐ Bankcard ☐ Mastercard ☐ Visa

Card no. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐ / ☐☐

Cardholder Name _____

Signature

Date ☐☐ / ☐☐ / ☐☐☐☐

Please debit $ _____ Payment frequency ☐ one-off ☐ Weekly ☐ fortnightly ☐ Monthly

Purpose of Payment _____

Commencing ☐ immediately or ☐☐ / ☐☐ / ☐☐☐☐