# Regular Supporter Direct Debit Request

Yes! I would like to be a regular supporter.

Stop 1	Chasses	your amount

the royal victorian

eye and ear hospital

e wish to make an automatic MONTHLY donation of:		
\$30 \$50 \$100 Other \$		
Single donation of \$ (valid for credit card payment only)		
t <b>ep 2</b> . Your details		
Title First name Surname		
Address		
Suburb State Postcode		
Email		
Phone: (h) (w) (m)		
Step 3. Choose your payment option – credit card or bank account		

If you prefer to pay by credit card, complete Option 1. If you prefer to pay from your bank account, complete Option 2.

#### **Option 1. Credit Card monthly payment**

Please debit my: Mastercard Visa Amex Name on card	
	Expiry date
Signature	

#### **Option 2. Bank account monthly payment**

I/we request and authorise The Royal Victorian Eye and Ear Hospital (User ID 207881) to arrange for my nominated amount to be debited through the Bulk Electronic Clearing System from my/our nominated account shown above on the 15th monthly, until further notice in writing. I have read the Direct Debit Request Service Agreement and agree with its terms and conditions.

Financial Institution	
Branch address	
Suburb	State Postcode
Account holder	
BSB number	

#### Step 4. Sign and Date

#### Your authorisation

By signing this Direct Debit Request you acknowledge that you have read and understand the terms and conditions governing the debit arrangements between you and The Royal Victorian Eye and Ear Hospital as set out in this application.

Signature(s)

Please return completed form to: Royal Victorian Eye and Ear Hospital, Locked Bag 8, East Melbourne, Victoria 8002. Donate by phone: 1800 808 137 or visit www.eyeandear.org.au

Donations of \$2 and over are tax deductible.

Date

# **Direct Debit Request Service Agreement**

# Our commitment to you

This document outlines The Royal Victorian Eye and Ear Hospital's commitment to you in respect of the Direct Debit Request (DDR) arrangement made between the Hospital (User ID 207881) and you. It sets out your rights, our commitment to you and your responsibilities to us, together with where you should go for assistance.

### Initial terms of the arrangement

In terms of the DDR made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount.

## **Drawing arrangements**

- The 1st drawing under this Direct Debit arrangement will occur immediately. Subsequent drawing will occur on the 15th (or next business day) of every month.
- We will give you at least 14 days notice in writing if there are changes to the details of your debit.

# Your rights

If you want to make changes to the drawing arrangements or if you have any queries please contact our Donor Services Team on **1800 808 137**. We will ask you to confirm your request in writing. These changes may include:

- Stopping a payment
- Deferring a payment
- Suspending any future payments
- Altering the Direct Debit nominated account details
- Cancelling the debit arrangement.

# **Enquiries and disputes**

- All enquires should be directed to the Hospital, rather than your financial institution. These should be made at least five working days prior to the next scheduled drawing date.
- If you believe that a drawing has been initiated incorrectly, we encourage you to contact us on 1800 808 137. You will receive a full refund of the drawing amount if we cannot substantiate the reason for the drawing.

# Your commitment to us

It is your responsibility to:

- Ensure your nominated account can accept direct debits (Direct Debit through BECS is not available on a full range of accounts. If in doubt your financial institution can confirm if they accept direct debit).
- Ensure there are sufficient clear funds available in your nominated account to make the payment on the due date. The Hospital will not be responsible for any overdrawn fees or interest charges.
- Advise us if your nominated account is transferred or closed or account details change.
- Ensure all account holders of the nominated account sign the Direct Debit Request.

If your drawing is returned or dishonoured by your financial institution, we will endeavour to contact you by phone and/ or mail to inform you and to obtain further instructions.

## **Privacy**

- Your records and account details will be kept private and confidential, except that information provided to our financial institution to initiate the drawing from your nominated account.
- Your personal details will be disclosed only if agreed to by yourself or to a financial institution in the event of a claim or relating to an alleged incorrect or wrongful debit.

The Royal Victorian Eye and Ear Hospital ABN 81 863 814 677 32 Gisborne Street East Melbourne Victoria 3002 T 1800 808 137 F +61 3 9663 7203 E info@eyeandear.org.au

