



YOUR DETAILS – Please complete so we can mail you a receipt

Title: Dr Mr Mrs Ms Miss Other:
First Name: _____
Last Name: _____
Address: _____
Suburb/Town: _____
State/Territory: _____ P/code: _____
Phone Home: _____
Mobile: _____
Email: _____

Registered Charity
ABN 42 006 173 379
Level 7, 461 Bourke Street
Melbourne VIC 3000
Telephone 03 9670 1000
StrokeLine 1800 STROKE (1800 787 653)
strokefoundation.org.au

DONATION DETAILS SCHEDULE – Please Complete One Option

I pledge the regular amount of: \$10 \$25 \$50 \$100 or Other Amount of \$ _____
To be given: Monthly

PAYMENT DETAILS – Please Complete One Option

OPTION ONE - DIRECT DEBIT PAYMENT REQUEST FOR REGULAR PERIODIC DONATIONS

I/We request and authorise the National Stroke Foundation (Debit User ID 217668) until further notice in writing, to arrange for funds to be debited from my/our account. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my/our account as described in the schedule below:

My/Our account details are:

Financial Institution: _____
Account Name: _____
Account BSB: _____ - _____
Account Number: _____

I/We acknowledge that this Direct Debit arrangement is governed by the terms of the 'Regular Periodic Direct Debit – Client Service Agreement' located on the back of this donation form, and that I agree with the terms and conditions contained therein.

Signature: _____
Printed Name in Full: _____
Second Signature (if required): _____
Second Printed Name in Full (if required): _____
Date: _____



OPTION TWO - CREDIT CARD PAYMENT REQUEST FOR REGULAR PERIODIC DONATIONS

I/We request and authorise the National Stroke Foundation until further notice in writing, to arrange for funds to be charged to my credit card as described in the schedule above:

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Melbourne VIC 3000
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Credit Card: Mastercard Visa Amex Diners

Card Number: _____

Card Expiry Date: ____/____

Cardholder's Name: _____
As it appears on the card

Signature: _____

Date: _____

DIRECT DEBIT REQUEST SERVICE AGREEMENT

We, the National Stroke Foundation (Debit User ID 217668) note our commitment to you as the following:

Our Commitment to You, Drawing Arrangements:

1. We will advise you, in writing, the details of your periodic donation to the Stroke Foundation (amount, frequency, commencement date) at least 3 calendar days prior to the first drawing. Thereafter each drawing will be made on either the 1st or the 15th day of the due month (or part thereof as specified) as selected by you.
2. Where the due date falls on a non-business day, the drawing will be made on the next working day.
3. We will provide no less than 14 days written notice of any proposed changes to your drawing arrangement.
4. We reserve the right to cancel your periodic donation to the Stroke Foundation if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternative payment method.
5. We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.
6. We will promptly respond to any concerns you may have about amounts debited to your account.

Your Rights:

1. You may terminate your regular periodic donation to the National Stroke Foundation at any time by giving written notice directly to the **Stroke Foundation, Level 7, 461 Bourke Street, Melbourne, 3000**. Notice given to us should be received by us at least 14 business days prior to the due date.
2. You may stop payment of a monthly donation by giving written notice directly to us (**Stroke Foundation, Level 7, 461 Bourke Street, Melbourne, 3000**), or through your nominated Financial Institution. Notice given to us should be received by us at least 14 business days prior to the due date.
3. You may request a change to the donation amount and/or frequency of the regular periodic donations by contacting us on 1300 194 196 and advising your requirements no less than 14 business days prior to the due date.
4. Where you consider that a drawing has been initiated incorrectly to the Stroke Foundation (outside the regular periodic donation schedule) you may take the matter up directly with us on 1300 194 196, or lodge a Direct Debit Claim through your nominated Financial Institution.

Your Commitment to Us, Your Responsibilities:

1. It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date. (You may be charged a fee by your Financial Institution if the account details are incorrect or there are insufficient funds in the nominated account when we attempt to deduct donations.)
2. It is your responsibility to ensure that the authorization given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where your account is based.



3. It is your responsibility to advise us if the account nominated for transactions with the Stroke Foundation Fund is transferred or closed.
4. It is your responsibility to arrange a suitable alternative payment method with us if the Stroke Foundation drawing arrangements are cancelled either by yourselves or by your nominated Financial Institution.

Please enquire with your Financial Institution if you are uncertain whether direct debit functions are available on your account. (You may be charged a fee by your Financial Institution if the direct debit facility is not available on your account.)

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