

Direct Debit Request

Request and Authority to debit the account named below to pay	
Christian City Church Fremantle Inc	
Request and Authority to debit	Your Surname or Company Name: <hr/> Your Given Names or ABN/ARBN: <hr/> <p>I/We request and authorize CHRISTIAN CITY CHURCH FREMANTLE INC. (314011) to arrange, through its own financial institution, a debit to your nominated account any amount CHRISTIAN CITY CHURCH FREMANTLE INC. (314011), has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
Name and Address of Financial Institution where the account is held	Financial Institution Name: _____ Address: _____ <hr/>
Details of Account to be debited	Name/s on Account: _____ BSB Number(6 numbers): _____ Account Number: _____
Details of Credit Card to be debited	Name of Cardholder: _____ Type of Credit Card: Amex/Visa/Mastercard Card Number: <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> Expiry Date [] [] - [] []
Frequency of Debits	Amount: _____ The debits are to be debited from this account weekly/fortnightly/monthly(please circle)
Acknowledgement	By signing and/or providing us with a valid instruction in respect to your Direct Debit request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Christian City Church Fremantle Inc
Insert your signature and address	Signature: _____ <i>(if Signing for a company or Trust sign and print full name and capacity for signing)</i> Address: _____ <hr/> Date: ____ / ____ / ____

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Please Tick this box if you would like a copy of the terms and conditions of the Direct Debit Request Service Agreement.



Christian City Church Fremantle

Request and Authority to debit credit card Account	NAME: _____ Address: _____ Request and authorise Christian City Church Fremantle to debit my credit card account as detailed below to pay the amount indicated below. This Authority Remains in force until such time that I/we provide written instructions to amend or cancel this authority.
Details of Credit Card to be debited	Name of Cardholder: _____ Type of Credit Card: Amex/Visa/Mastercard Card Number: [] [] [] [] - [] [] [] [] [] [] [] [] [] [] [] [] Expiry Date [] [] - [] []
Debit Frequency	The debits are to be debited from my /our account Weekly/fortnightly/monthly/quarterly/Half yearly/Yearly (please circle)
Debit Amount	The Amount to be debited each time is \$ _____ (Amount in words) _____
Insert your signature and address	Signature: _____ Address: _____ Date: ____ / ____ / ____