

PERSONAL INFORMATION

Title: _____ Given name: _____ Date of birth: _____
 Surname: _____
 Address: _____
 Suburb: _____ State: _____ Postcode: _____
 Mobile: _____ Home: _____
 Email: _____

MY GIFT

I would like to give an ongoing donation:
 Monthly Quarterly Biannually Annually
 Other (please specify): _____
 \$ _____ per donation




You can start my donation on (month): _____
 on the 1st 15th
Scheduled payments are made on 1st or 15th of the month, please choose one option. If the scheduled payment date is not a business day, the payment will be processed on the next business day.

Customer Direct Debit Request (DDR) Service Agreement.

Your Direct Debit Service Agreement with Cancer Council Western Australia (ABN 15 190 821 516) is explained in the Terms and conditions overleaf. A letter of confirmation of this agreement will be sent to you post accounts processing.

PAYMENT OPTIONS

Please debit my card Monthly Quarterly Biannually Annually Other (please specify): _____
 I request for you, Cancer Council Western Australia ABN 15 190 821 561, to arrange for funds to be debited from my nominated credit card according to the schedule specified above and Direct Debit Service Agreement.

Card    Card No.

Cardholder's name: _____ Expiry date: _____
 Cardholder's signature: _____ Date: _____

OR

Please debit my bank account Monthly Quarterly Biannually Annually
 I/We authorise and request you, Cancer Council Western Australia ABN 15 190 821 561, to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the Financial institution identified below as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request Service Agreement (DDRSA) as amended from time to time.

Financial institute: _____ Branch: _____
 Account name: _____
 BSB number: _____ Account number: _____
 Signature: _____ Date: _____

ACKNOWLEDGEMENT

- I understand that by completing this form I am giving Cancer Council Western Australia authority to debit my account with the amount shown above until I notify Cancer Council Western Australia to change my contribution.
- I understand that this is not a single donation. I am happy to be an ongoing financial supporter of Cancer Council Western Australia.
- I have read and understood the terms and conditions overleaf.

Signature: _____

1. **How to contact us - enquiries**

If you wish to contact us by phone, telephone 1300 65 65 85 during business hours

or

If you wish to notify us in writing about anything relating to this agreement, you should write to:

Cancer Council Western Australia
Level 1, 420 Bagot Road
Subiaco WA Australia 6008

or

Email us at breakthroughgiving@cancerwa.asn.au

We will notify you by sending a notice in the ordinary post or via email to the address you have given us in the Direct Debit Request. Any notice will be deemed to have been received on the third banking day after posting.

2. **Privacy**

We need to collect personal information to process your donation, issue receipts, send you updates on how your support helps and conduct normal business. By providing your personal information, you agree that it will be used and disclosed by Cancer Council WA in accordance with this statement and our Privacy Policy, available at <http://www.cancerwa.asn.au/notices/privacy>. If you do not agree, (i) you must not provide your personal information; (ii) you may not be able to donate; and (iii) we may not be able to provide certain services/products or communicate with you. We only disclose your personal information to external third parties (such as Cancer Councils in other Australian states/territories, or overseas software providers) where those parties assist us in carrying out our ordinary business operations and always in accordance with our Privacy Policy. We may use your personal information for our own direct marketing purposes, unless you opt out (which you can do at any time). Our Privacy Policy outlines how you may; opt out, access and seek correction of your personal information, or make a privacy complaint.

3. **Amendments by us**

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.

4. **Amendments by you**

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least seven (7) days notification by writing to:

Cancer Council Western Australia
Level 1, 420 Bagot Road
Subiaco WA Australia 6008

or

Email us at breakthroughgiving@cancerwa.asn.au

or

By telephoning us on 1300 65 65 85 during business hours

5. (a) **Your obligations**

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request. If there are insufficient clear funds in your account to meet a debit payment:

- you may be charged a fee and/or interest by your financial institution
- you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so we can process the debit payment

You should check your account statement to verify that the amounts debited from your account are correct.

(b) **Dispute**

If you believe that there has been an error in debiting your account, you should notify us directly on 1300 65 65 85 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.

If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interests and charges) accordingly.

We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and evidence for this finding in writing.

6. Accounts

You should check:

- with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request

7. Confidentiality

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will only disclose information that we have about you:

- to the extent specifically required by law; or
- for the purposes of this agreement (including disclosing information in connection with any query or claim)

8. Debiting your account

By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

9. Definitions

(a) **Agreement** means this Direct Debit Service Agreement between you and us.

(b) **Account** means the account held at your financial institution from which we are authorised for funds to be debited.

(c) **Business Day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

(d) **Direct Debit** means the day that payment by you to us is due.

(e) **Debit Payment** means a particular transaction where a debit is made.

(f) **Us or We** means Cancer Council Western Australia (ABN 15 190 821 561), you have authorised by requesting a Direct Debit Request.

(g) **You** means the customer who has signed or authorised by requesting a Direct Debit Request.

(h) **Direct Debit Request** means the Direct Debit Request between us and you.

(i) **Your Financial Institution** means the financial institution nominated by you on the Direct Debit Request at which the account is maintained.