Direct Debit Terms and Conditions

I/we authorise AFES (User ID 65593) to arrange for the above funds to be debited from my/our account at the financial institution identified above as prescribed by the Bulk Electronic Clearing System. This authorisation is to remain in force in accordance with the terms described in the following service agreement:

1. Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.
2. You are advised to check your account details by contacting your financial institution.
3. Your account will be debited at the frequency specified, from the date specified (or the nearest working day).
4. It is your responsibility to ensure sufficient clean funds are in the nominated account when payments are to be drawn. Bank dishonour fees may apply if insufficient funds are in the account. If the transaction is returned unpaid, we will contact you within 7 days of the transaction date. If you are unable to provide funds to clear the transaction, you may be required to provide sufficient funds within 7 days.
5. Should you wish to cancel, defer, or make alterations to the direct debit arrangement, please notify us in writing by the due date for the next debiting. We provide 14 days notice if we vary any of the debit arrangements.
6. Direct debits will be recorded and recorded transactions are disclosed to your financial institution if a claim is made for an alleged incorrect or wrongful debit.

Please return this form to:

AFES
Reply Paid 684
Kingsford NSW 2032
ABN: 91 509 626 599
NO STAMP NEEDED!

Visit us online: afes.org.au
General enquiries: office@afes.org.au
Account enquiries: accounts@afes.org.au
Fax: 02 9697 9625
Phone: 02 9697 9313

Contact the National Office

Made for an ethical, nurturing, and purposeful life.
Mr / Mrs / Miss / Ms / Dr / Rev / Other: 

First name: Surname: 

Address: 

Suburb: State: P/code: 

Phone: h. w. m. 

Email: 

Your privacy is important to us. We will not use the information collected on this form for any purpose outside of the ministries and activities of AFES or disclose this information to a third party without your prior consent. To view our Privacy Statement see our website: www.afes.org.au/about/privacy

Please direct my support to: ____________________________ staffworker or campus you wish to support

☐ I’d like to make a regular contribution of: ☐ I’d like to make a one-off contribution of: 

☐ fortnightly (Direct Debit only) ☐ monthly ☐ 6 monthly ☐ yearly

☐ monthly ☐ quarterly ☐ yearly

Note: All donations will be allocated to the campus/staffworker you nominate. When a staffworker ceases, any surplus funds will be reallocated at the discretion of AFES.

☐ Direct Debit This is our preferred method of giving. Your supporter dollar goes further with direct debit because it incurs the lowest bank fees.

Please begin my direct debit from the following account on or after date: DD/MM/YY

Account name: 

BSB: __ __ __ Account number: 

I/we agree to the direct debit terms and conditions below. Note: both signatures may be required if using a joint account.

Signed: 

☐ Credit card Credit card deductions are made on a set date of every month.

Name on card: 

Card number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Exp: MM/YY

Signed: 

☐ Direct deposit Through internet banking. Please return this form to us, and we will send you the AFES bank account details and a unique ID number which you must use when making deposits into the AFES account.

☐ Cheque / money order made payable to ‘AFES’ is enclosed

OFFICE USE ONLY

ID # Batch Supporting Amt