



Royal Flying Doctor Service

REGULAR GIVING AUTHORISATION

Please return form to: Royal Flying Doctor Service (Central Operations) Incorporated, PO Box 381 Marlestone SA 5033

Your Details:

First Name:	Surname:
Address:	
Phone (daytime):	Email:

YES, I would like to make regular donations to help the work of the Royal Flying Doctor Service (Central Operations).

I would like to donate \$_____ per Month Quarter Six months Year

PLEASE COMPLETE ONE OF THE TWO SECTIONS BELOW

1. Credit Card Payment:

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/> Diners <input type="checkbox"/> Amex	
Card Number:	Expiry Date:
Name on Card:	

I/We authorise the Royal Flying Doctor Service (Central Operations) to debit my Credit Card with the above specified amount being a donation to the Service until otherwise notified.

Signature(s):	Date:
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2. Direct Debit:

Client Service Agreement

Our Commitment to you – 1. We will advise you, in writing, the details of your regular giving plan arrangements (amount; frequency; Commencement date) at least 14 calendar days prior to the first drawing. 2. Your account will be debited on the 28th of each month or the next business day. 3. We will not change the amount or frequency of drawings arrangements without your prior approval. 4. We reserve the right to cancel the Regular Giving plan if three or more drawings are returned unpaid by your nominated financial institution and will contact you seeking instruction. 5. We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential. Your Rights - 6. You may terminate the regular giving plan or stop a payment at any time by giving written notice directly to us at PO Box 381, Marlestone DC, SA 5031, or through your Financial Institution. Notice sent to us should be received by us at least 10 business days prior to the transaction date. 7. You may make changes to the drawing amount and/or frequency of the Regular Giving plan by contacting us and advising your requirements no less than 10 business days prior to the due date. 8. Where you consider that a drawing has been initiated incorrectly, outside the Regular Giving Plan, you may take the matter up directly with us, or lodge a Direct Debit Claim through your financial Institution. Your Commitment to us – 9. It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing at its due date. 10. It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based. 11. It is your responsibility to advise us if the account nominated by you to receive the Regular Giving drawings is transferred or closed.

Direct Debit Request

I/We authorise the Royal Flying Doctor Service (Central Operations) User ID 219568 to Debit my account with the above specified amount being a donation covered by this document to be drawn under the Direct Debit System until otherwise notified.

Name of Financial Institution:	Branch:
Account Name:	
BSB Number:	Account Number:

I/We acknowledge that this Direct Debit Agreement is governed by the terms of the Client Service Agreement received from the Royal Flying Doctor Service, ID 219568.

Signature(s):	Date:
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