

ADELAIDE NORTH TERRACE - SUPPORTERS FORM

Supporter Details

Name:
 Preferred Title Given Name(s) Surname

Address:
 No. Street Suburb/Town State Post Code

Telephone (mobile): (home):

Email Address: Home Church:

Support Options

- Send me/us **Terrace Times** (quarterly newsletter) [by email, unless postal mail preferred]
- Send me/us weekly **Prayer Points** by email
- Commence/change my/our existing financial support arrangements to those indicated below from/...../.....
- Cancel my/our existing financial support arrangements effective from/...../.....
- Delete me/us from the AFES mailing list

North Terrace Staffworker Support [Please note that donations to AFES are not tax deductible.]

I/we would like to financially support the staff at **Adelaide University** and **UniSA City West / City East**:

NORTH TERRACE [including **Geoff Lin, Emily Just, Laura Maddock, Reuben Salagaras**]

\$ per week / fortnight / month / quarter / half-yearly / year / one off

Please fill in the **Method of Payment** section on the reverse of form.

Method of Payment

CREDIT CARD: Visa / Mastercard Cancel existing regular credit card payments.

Number:

Name of cardholder: _____ Expiry date: _____

Signature: _____ Start debiting card from: ____ / ____ (for regular donations)

CASH, CHEQUE or MONEY ORDER (made payable to AFES) Please send me/us reminders

DIRECT CREDIT Please send me/us information about making deposits into the AFES account

DIRECT DEBIT from your bank account. Please complete and sign the following **Direct Debit Service Agreement** to commence this method of payment. **Any pre-existing or new arrangement will remain in place until you change or cancel it.** Cancel existing Direct Debit Agreement.

DIRECT DEBIT SERVICE AGREEMENT

Supporter Details – **please ensure you fill in the details on the front of this form**

Support Options

Please direct my donation for the support of all staff ministering on the following campus cluster:

NORTH TERRACE [Adelaide University and UniSA City West & City East]

I would like to give a **regular** donation of \$_____ weekly / fortnightly / monthly / quarterly / half-yearly / yearly (circle)
 a **one off** donation of \$_____

Please commence this debit after ___ / ___ / ___ at the above frequency.

Financial Institution _____

Name(s) of Account Holder(s) _____

BSB _____ Account Number _____

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 service agreement below: 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 clear 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 seeking your instructions. 5. Should you wish to cancel, defer, or make alterations to the direct debit arrangement, please ring the AFES National office on 02 9697 0313 or fax the National office on 02 9697 9265 or send an (unsecured) email to the National office at national@afes.org.au or by contacting the Adelaide office as detailed below, **at least 7 days** before the usual debit date. We will give you 14 days notice if we vary any of the debit arrangements. 6. Should you have any queries or dispute any Debit item, please contact AFES in the first instance. 7. Your records and account details will be kept private and confidential to be disclosed only if requested by yourself or the Financial Institution if a claim is made for an alleged incorrect or wrongful debit.

Signature(s) _____

(If a joint account all signatures may be necessary)

Date ___ / ___ / ____

Post this form to:
Geoffrey Lin c/- 87 North Terrace Adelaide SA 5000
Phone: 8213 7300 Email: geoff.lin@nt.es.org.au Web: www.es.org.au