

Regular Giving Donation

1. REGULAR GIVING AMOUNT

I wish to join the Regular Giving Program by donating \$ _____ each Month Quarter Year

I choose to regularly donate using my (Credit Card Account / Direct Debit Account) shown below:

2. CREDIT CARD PAYMENT

Please debit my: MasterCard Visa Card

Credit Card Number _____ / _____ / _____ / _____

Cardholders Name: _____ Card Expiry ____ / ____

Signature: _____ Date _____

2. DIRECT DEBIT PAYMENT

I / We request Royal Life Saving Society Queensland, User ID No: ?????? to arrange for funds to be regularly debited from my / our account at the financial institution identified below and as prescribed through the Bulk Electronic Clearing System. If debiting from a joint bank account, both signatures are required. This authorization is to remain in force in accordance with the terms described in the service agreement attached.

Bank Name: _____

Account Name: _____ Branch Name: _____

Account Number: _____ BSB Number: _____

Signature: _____ Second Signature: _____

4. PERSONAL DETAILS FOR RECEIPT – all donations over \$2.00 are tax deductible.

Title: _____ First name: _____ Surname: _____

Company: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone H: _____ Phone W: _____ Mobile: _____

Email: _____ Date of Birth: ____ / ____ / ____

5. THANK YOU FOR YOUR DONATION.

PLACE THIS FORM IN AN ENVELOPE AND POST TO:

The Royal Life Saving Society Queensland
P.O. Box 1093
CAPALABA DC QLD 4157

Royal Life Saving Regular Giving Program Service Agreement

1. The Royal Life Saving Society Queensland (RLSSQ) will debit your nominated credit card or direct debit account on the 20th day of each month / quarter / year. If the due date for payment falls on a non-working day or public holiday the payment will be processed on the next working day.
2. Please ensure sufficient funds are in the nominated account when payments are due as RLSSQ will not be responsible for any overdrawn fees or interest charges. If the transaction is returned unpaid, we will contact you seeking your instructions.
3. Should you wish to modify your Regular Giving arrangement, please contact us on 3823 2823 or write to RLSSQ at P.O. Box 1093, Capalaba DC Qld 4157, giving us 14 days notice.
4. We will give you at least 14 days notice, in writing or by telephone, if we need to change the terms of the Regular Giving arrangement.
5. If you have any queries or you wish to dispute any debit item, please contact us and we will try our hardest to resolve the issue. If you do not receive a satisfactory response from us, you can contact your financial institution who will respond to your claim.
6. RLSSQ respects your privacy. We will not use or disclose any information about you to any third party without your consent, unless required by law.
7. By signing a Regular Giving Service Agreement you have authorised RLSSQ to arrange for funds to be debited from your nominated account or credit card, according to the agreement we have with you.

The Royal Life Saving Society Queensland
P.O. Box 1093
CAPABALA DC QLD 4157

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