



**North Shore  
Heart Research  
Foundation**

**ABN** 62 002 839 072  
**Phone** 1800 999 060 or +61 2 9436 0056  
**Email** enquiries@heartresearch.com.au  
**Website** www.heartresearch.com.au

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Please print this form, complete and post it to:

**North Shore Heart Research Foundation**  
**PO Box 543, St Leonards**  
**NSW 1590, Australia**  
**Or fax to +61 2 9436 0058**

## DIRECT DEBIT REQUEST

### BECOME A REGULAR DONOR

Give our researchers the opportunity to pursue promising leads, and achieve the breakthroughs they dream of.

**Your privacy:** Information you provide on this form will only be used by the North Shore Heart Research Foundation. You can read our privacy statement at [www.heartresearch.org.au](http://www.heartresearch.org.au) or by contacting us.

**YES, I want to become a regular donor. Please accept my monthly donation of:**

\$30  \$25  \$20  \$15  \$10  \$50 \$\_\_\_\_\_ Other amount  
Start my donations on the 1st  or 15th  of \_\_\_\_\_ (month)

### YOUR DETAILS

Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

I am an existing supporter No  Yes  Supporter number (if known) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_\_\_

### Please complete one of the two payment options below.

You will be receipted each July for your tax-deductible donations during the previous financial year.

#### 1. CREDIT CARD PAYMENT

**Card type** (tick)  MasterCard  Visa  Amex  Diners

**Card number** \_\_\_\_\_ **Expiry date** \_\_\_\_/\_\_\_\_

**Name on card** \_\_\_\_\_ **Signature** \_\_\_\_\_

#### 2. DIRECT DEBIT FROM YOUR BANK ACCOUNT

**Request and authority to debit – See also Service Agreement on following page**

**Your last name or company name** \_\_\_\_\_

**Your given names or ABN/ARBN** \_\_\_\_\_ **'you'**

Request and authorise **North Shore Heart Research Foundation, debit user ID 385601, ABN 62 002 839 072**, to arrange, through its financial institution, a debit to your nominated account any amount North Shore Heart Research Foundation has deemed payable by you. This debit or charge will be made through the bulk electronic clearing system from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the direct Debit Request Service Agreement.

**Name of your bank or financial institution** \_\_\_\_\_

**Address** \_\_\_\_\_

**Name of account to be debited** \_\_\_\_\_

**BSB number** (must be 6 digits) \_\_\_\_\_ -- \_\_\_\_\_ **Account number** \_\_\_\_\_

Acknowledgement: By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangement between you and the North Shore Heart Research Foundation, as set out in this request, and in the Direct Debit Service Agreement.

**Your signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

(If signing for a company, sign and print below your full name and capacity for signing - e.g. Director)

\_\_\_\_\_

## Direct Debit Service Agreement

The following is your Direct Debit Service Agreement with **North Shore Heart Research Foundation, ABN 62 002 839 072**. The agreement is designed to explain what your obligations are when undertaking a direct debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

### Definitions

**account** means the account held at your financial institution, from which we are authorised to arrange for funds to be debited.

**agreement** means this Direct Debit Request Service Agreement between you and us.

**banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**debit day** means the day that payment by you to us is due.

**debit payment** means a particular transaction where a debit is made.

**direct debit request (DDR)** means the direct debit request between you and us.

**us or we** means North Shore Heart Research Foundation - (the Debit User) you have authorised by signing a direct debit request.

**you** means the customer who signed the DDR.

**your financial institution** means the financial institution nominated by you on the DDR at which the account is maintained.

### 1. Debiting your account

By signing a DDR, you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR 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 DDR. If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

### 2. Amendments by us

We may vary and details of this agreement or a DDR at any given time by giving you at least fourteen **(14) days'** written notice.

### 3. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen **(14) days'** notification by writing to **North Shore Heart Research Foundation, PO Box 543, St Leonards NSW 1590**, or by telephoning the Foundation on (02) 9436 0056 during business hours or arranging it through your own financial institution.

### 4. 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 DDR. If there are insufficient clear funds in your account to meet a debit payment: (a) you may be charged a fee and/or interest by your financial institution; (b) you may also incur fees or charges imposed or incurred by us; and (c) 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 that we can process the debit payment. You should check your account statement to verify that the amounts debited from your account are correct. If North Shore Heart Research Foundation is liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay North Shore Heart Research Foundation on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

### 5. Dispute

If you believe that there has been an error in debiting your account. You should notify us directly on 02 9436 0056 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 with your financial institute directly. 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 interest 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 any evidence for this finding in writing.

### 6. Accounts

You should check:

(a) 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. (b) your account details which you have provided to us are correct by checking them against a recent account statement; and (c) with your financial institution before completing the DDR if you have any queries about how to complete the DDR.

### 7. Confidentiality

We will keep any information (including your account details) in your DDR 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 that 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: (a) to the extent specifically required by law; or (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

### 8. Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to the North Shore Heart Research Foundation, PO Box 543, St Leonards NSW 1590. We will notify you by sending a notice in the ordinary post to the address you have given us in the DDR. Any notice will be deemed to have been received on the third banking day after posting.