## PROFESSIONALS 4 CHANGE HADA

Signature(s) of

Nominated Account:



## Complete Form SCAN & EMAIL to michael@p4c.au



DIRECT DEBIT	REQUEST	NEW CUSTOMER FORM
YOUR DETAILS	Please complete this form using a BLACK PEN, * Indicates a MANDATORY FIELD	
Business : Health and Development Aid Abroad Fund Inc. ABN/ACN 43 739 862 351 Charity Cert No. 1273 Grant : Professionals 4 Change Education Community Projects - (Code) P4C - 500		
*Surname: / Business:	Name:	
*Mobile #:  * Email:	passe use to	personal contact details will never be d on to 3rd parties and will only be advise you of your donations or and updates of Paradise 4 Kids.
*Address:		
*Suburb:	*State:	*Postcode:
DEBIT ARRANGEMENT   Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit		
Once Only Deb	ebit On Date: / / Debit this amount: \$	
Regular Debits Starting on Date: / / Debit this amount: \$		
Frequency: Weekly Fortnightly Monthly 4 Weekly		
Tax Deductible  Education Community Care Projects.  CHOOSE YOUR PAYMENT METHOD		
Debit from Credit Card		
VISA	MasterCard AMEX Diners	
Card Number:		Expiry Date: /
Name of Cardholder:		
By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.		
	nk, Building Society or Credit Union Account	
Financial Institution:	Branch:	
BSB Number:	Account Number:	
Account Holder Name:		
I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.5) provided.		
This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.5) and I/we have react and understand same.		

Date: