

INDIVIDUAL MEMBERSHIP FORM



WA charity direct
giving 100% to charity

Main Contact/Billing Details

Mr/Mrs/Ms/Miss

Surname	First Name
Company	Position
Email	Address
Contact Number	Mobile

Other contacts (to receive newsletters)

Mr/Mrs/Ms/Miss

Mr/Mrs/Ms/Miss

Name	Name
Email	Email
Contact Number	Contact Number

As an Individual Member of WA Charity Direct, I agree to introduce new members on a best endeavours basis and to pay the \$2000 annual membership fee as per the payment option I've selected below.

Signature	Date
-----------	------

Name of Person who referred me to WACD

PAYMENT OPTIONS (Please tick one)

- Monthly Direct Debit of \$166.67 (last working day of each month)
- Annual Direct Debit of \$2000 in month of _____
- Annual Manual Payment of \$2000 in month of _____

IMPORTANT TAX INFORMATION

1. All donations over \$2 are tax deductible.
2. An annual request for payment will be issued prior to annual payments being due.
3. A tax receipt for annual payments will be issued within 14 days of receipt of payment.
4. Members making monthly payments will receive one tax receipt after June 30.

Please ensure the Direct Debit Request Authorisation / Schedule is completed with this form.

All membership queries can be directed to Jeff Miller on 0419 937 864.

P.O Box 389 Osborne Park WA 6916
T: (08) 9200 4500 | F: (08) 9201 8355 | E: info@wacharitydirect.com.au



WA CHARITY DIRECT DIRECT DEBIT REQUEST AUTHORISATION/SCHEDULE



Date: _____

Member Name: _____

Direct Debit Request Schedule

Please select one option below:

Monthly

The Member hereby acknowledges that \$166.67 (One hundred and sixty six dollars and seventy cents) will be paid to WA Charity Direct (User ID 358144) on the last working day of every month, commencing in the month dated above.

Annually

The Member hereby acknowledges that \$2000 (Two thousand dollars) will be paid annually to WA Charity Direct (User ID 358144) on the last working day of the month joined.

Direct Debit Request Authorisation

I/We request that monies due in terms of the payment arrangement covered by this document be drawn under the Direct Debit System from my/our account conducted with:

Insert name of Financial | _____

Account details are:

BSB Number | | | | - | | | |

Account Number | | | | | | | | | |

Account Name | _____

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Client Service Agreement received from WA Charity Direct.

Customer Signature(s) | _____ | _____
(if joint account - all signatures may be required)



WA CHARITY DIRECT DIRECT DEBIT REQUEST CLIENT SERVICE AGREEMENT



1. Drawings from the nominated Member account will be as per the DDR Schedule.
2. Should an amendment to the amount or frequency of the drawings be required by WA Charity Direct, the Member will be notified, in writing or by email, at least 14 days before the amendment comes into effect, thereby granting the Member the opportunity to respond to the amendment, if required.
3. Should the Member wish to request a deferment or alteration to the DDR Schedule, WA Charity Direct or through the member's nominated financial institution must be notified by the Member, in writing, at least 14 days prior to the next draw, as specified by the DDR Schedule. The Member will be notified of our acceptance/refusal of the requested deferment or alteration by return mail.
4. Should a dispute arise in relation to any drawing or errors in drawings from the nominated Member account, WA Charity Direct or through the member's nominated financial institution is to be notified in writing, or by email. A response will be forwarded within 14 days of receipt of the notification with the details of the measure(s) undertaken to rectify the dispute.
5. WA Charity Direct reserves the right to cancel the pay plan drawing arrangements if three or more drawings are returned unpaid by the member's nominated Financial Institution and to arrange with the member an alternate payment method.
6. Should the Member need to query, request to stop, or request the cancellation of the Direct Debit Request the Member must do so in writing at least 14 days prior to the requested change coming into effect.
7. Where the due date falls on a non-business day, we will draw the amount on the next business day as per the Direct Debit Manual.
8. It is the responsibility of the Member to ensure sufficient funds are available in the nominated account to permit payment of a drawing on its due date.
9. Should insufficient funds be available in the nominated account, all resulting fees or charges levied on WA Charity Direct will be recouped from the Member.
10. It is the member's 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 the member's responsibility to advise WA Charity direct if the account nominated by the member to receive the WA Charity Direct pay plan drawings is transferred or closed.
12. All bank details provided by the Client to WA Charity Direct remain confidential in all instances.