

Donation Form



A. Donation Type

Single Monthly

B. Please accept my gift of

\$35 \$50 \$100 OR my choice of \$ _____

C. Payment Details

My cheque/money order is enclosed and made payable to JDRF

Please debit the above amount to my credit card: Visa Mastercard American Express

Card No:

Name on card: _____

Expiry date: ____ / ____ Signature: _____

I would like to pay by direct debit:

I authorise the Juvenile Diabetes Research Foundation (Debit User Name) No 249497 (APCA ID), until further notice in writing to arrange for funds to be debited from my/our account, at the Financial Institution identified and as detailed in the Schedule below, any amounts which the Juvenile Diabetes Research Foundation may debit or charge me/us through the Direct Debit system.

Financial Institution Name & Branch: _____

Account Name: _____

BSB Number: _____ Account Number: _____

Customer Service Agreement. Our commitment to you: We Juvenile Diabetes Research Foundation (Debit User), note our commitment to you as the following. We will advise you by notice, statement or invoice of the drawings. Where the due date falls on a non-business day, we will draw the amount on the next business day. We will provide written notice of any proposed changes to your drawing arrangement, providing no less than 14 days notice. We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated Financial Institution. Where drawings are returned unpaid we will arrange with you an alternative payment method. A fee may apply for drawings that are returned unpaid. We will keep all information provided by you and details of your nominated account at the Financial Institution private and confidential. We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days. **Your commitment (the customer):** You (Customer) note your commitment to us as the following. It is your responsibility to check with your Financial Institution prior to completing the Direct Debit Request, that direct debiting is available on that account. It is your responsibility to ensure that the authorisation on the Direct Debit Request is identical to the account signing held by the Financial Institution of the nominated account. It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment. It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed. It is your responsibility to arrange with us a suitable alternate payment method if the drawing arrangements are stopped, either by you or the nominated Financial Institution. It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings. **Your rights:** You may request to defer or alter the agreed drawing schedule by giving written notice to us. Such notice should be received by us at least 20 business days prior to the due date. You may stop your individual debit by giving written notice to us. Such notice should be received by us at least 20 business days prior to the due date. You may cancel the Direct Debit arrangement at any time by giving written notice to us. Such notice should be received by us at least 20 business days prior to the due date. Your nominated Financial Institution is unable to cancel your Direct Debit Arrangement. All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic media credit to your nominated account.

Authorisation (if paying by Direct Debit)

I/We have read the 'Customer Service Agreement' above and acknowledge and agree with its terms and conditions. I/ We request this arrangement to remain in force in accordance with details set out in the Schedule described above and in compliance with the 'Customer Service Agreement'

Signature(s): _____ Date: _____

For telephone credit card donations please call **1300 363 126**.

Please send me information about leaving a bequest to type 1 diabetes research in my Will

D. Your Details

Title: _____ First Name: _____ Last Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone (h): _____ Phone (w): _____ Phone (m): _____

Email: _____ DOB: _____

Connection to type 1 diabetes: Self Partner Grandchild Child Other _____

E. Please return this form to:

JDRF, PO Box 183, St Leonards NSW 1590 or fax to 02 9966 0172

Thank you for your generosity in providing hope for a cure. All donations over \$2 are tax deductible.