



# The Buddhist Society of Western Australia Inc.

18-20 Nanson Way, Nollamara WA 6061

PO Box 3135, Yokine WA 6060

☎ (08) 9345 1711 📠 (08) 9344 4220 🌐 www.bswa.org • admin@bswa.org

## Direct Debit Request (DDR)

The Buddhist Society of WA Inc (314011)

Name and Membership No  Phone

Email Address  Preferred  Email  Post

### PART A: SCHEDULE

Type of Payment  Donation  Membership (Annual)  Membership (Full)  Other.....

First Payment    e.g. 2 June 2014

Payment Amount  Payment amount for each debit

No of Payments  Continue until further notice  Stop after \_\_\_\_\_ payments

If the scheduled date is not a banking day, the debit will take place on the next banking day

### PART B: CHEQUE/SAVINGS ACCOUNTOR CREDIT CARD AUTHORISATION

I/We request and authorise THE BUDDHIST SOCIETY OF WA INC (314011) to arrange, through its own financial institution, a debit to your nominated account any amount THE BUDDHIST SOCIETY OF WA INC (314011) has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) 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.

Financial Institute  Branch

Account Name

BSB Number    -

Account Number

I/We request and authorise Acknowledgement. By signing and/or providing us with a valid instruction to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and THE BUDDHIST SOCIETY OF WA INC as set out in this Request and in your Direct Debit Request Service Agreement.

Signature  Date

Signature  Date

If debiting from a joint bank account, both signatures are required.

### OR

I/We request and authorise THE BUDDHIST SOCIETY OF WA INC (314011) to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement.

Credit Card No:

Expiry Date:   /

Cardholder Name:

Signature:  Date:

### PART C: COMPLETED APPLICATION

Please return your completed application by post or in person to: 18-20 Nanson Way, Nollamara WA 6061.

You can also email a scanned copy to [admin@bswa.org](mailto:admin@bswa.org) or by fax to (08) 9344 4220.

We will either post or email (depending on your preference) the Terms and Conditions, as well as your copy.