The Buddhist Society of Western Australia (Inc.)
www.bswa.org
Dhammaloka Buddhist Centre
18 Nanson Way, Nollamara WA 6061
+61 8 9345 1711
admin@bswa.org
ABN: 40 352 930 645

Direct Debit Request (DDR)

The Buddhist Society of WA Inc (314011)

Please note, our direct debit facility accepts Australia Financial Institute (if direct debit from bank account), Mastercard or VISA only.

Name: _____ **Phone:** _____

Email Address: _____

PART A: SCHEDULE

Type of Payment: ☐ Donation ☐ Membership (Annual) ☐ Membership (Life) ☐ Other.....

First Payment *(eg 2 June 2023)* **:** _____ **Payment Amount** *for each debit* **:** _____

No. of Payments: ☐ Continue until further notice ☐ Stop after _____ payments

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

PART B: CHEQUE/SAVINGS ACCOUNT OR 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 debit is 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 the Direct Debit Service Agreement.

Credit Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date: ☐☐ / ☐☐

Cardholder Name: _____

Signature: _____ **Date:** _____

Part C: COMPLETED APPLICATION

Please return your compelted application by mail or in person: 18-20 Nanson Way, Nollamara WA 6061.

Please find the Direct Debit Service Agreement here:

https://bswa.org/bswp/wp-content/uploads/2024/01/Direct-Debit-Request-Services-Agreement-2024.pdf