

I would like to donate \$

## My details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Mobile/home number: \_\_\_\_\_

Email: \_\_\_\_\_

## Payment details

**Donate by cheque** - please make it out to Cancer Council NSW and post with your details above to the reply paid address provided below.

OR

**Credit card** Card type:  Visa  Mastercard  AMEX

Cardholder name: \_\_\_\_\_

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Cardholders signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**I would like to make this a monthly donation**

By making a regular monthly gift we are able to plan out and fund more lifesaving research projects.

I prefer to be billed on the:  **15th of the month** or  **last day of the month**

## Return this form

 Fax this form to (02) 8302 3507

 Mail this form to

Donations, Cancer Council NSW

Reply Paid 572, Kings Cross NSW 1340

## Privacy

Cancer Council NSW is collecting your information for fundraising purposes and to keep you informed about programs and activities that may interest you. We may provide your information to third party service providers like cloud storage providers (who may be overseas), or where we participate in data collectives. You can contact us on **1300 780 113** to access your information or unsubscribe from marketing communications. For more information on how we handle your personal information, see [www.cancercouncil.com.au/privacy](http://www.cancercouncil.com.au/privacy) or call us on **1300 780 113**.

 If you have any questions, please call us on 1300 780 113. Thank you for your support!

## Direct debit Request Service Agreement for Debits from approved cheque or savings accounts with Cancer Council NSW (User ID 334793)

### Definitions

**ACCOUNT** means the account held at your financial institution from which we are authorised to arrange funds to be debited.

**AGREEMENT** means this Direct Debit Request Service Agreement between you and us.

**BUSINESS DAY** means a day other than a Saturday or a Sunday or a Public Holiday listed throughout Australia.

**DEBIT DAY** means the day that payment by you to us is due.

**DEBIT PAYMENT** means a particular transaction where a debit is made.

**DIRECT DEBIT REQUEST** means the Direct Debit Request between Cancer Council NSW (User ID 334793), ABN 51 116 463 846 and you.

**US OR WE** means Cancer Council NSW, the Debit User you have authorised by agreeing to a direct debit request.

**YOU** means the supporter that has agreed to the direct debit request.

**YOUR FINANCIAL INSTITUTION** is the financial institution where you hold the account that you have authorised us to arrange to debit.

### 1. Debiting Your Account

1.1 By agreeing to a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the attached letter and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as confirmed in the attached letter.

1.3 If the debit date falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask Cancer Council NSW.

1.4 We will forward you a tax-deductible receipt at the end of every financial year, as acknowledgement of total gifts within that financial year.

1.5 Cancer Council NSW reserves the right to cancel the Direct Debit Service Agreement with you if two or more payments are returned unpaid by your nominated financial institution. We will contact you to arrange an alternative payment method.

### 2. Changes By Us

2.1 We may vary any details of this agreement or those confirmed in the attached letter at anytime by giving you at least fourteen (14) days written notice.

### 3. Changes By You

3.1 Subject to 3.2 and 3.3, you may change the arrangements confirmed in the attached letter by contacting us on 1300 780 113.

3.2 If you wish to stop or defer a debit payment, you must notify us in writing at least fourteen (14) days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your account at any time by giving us fourteen (14) days notice in writing before the next debit day.

### 4. Your Obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made as set out in the attached letter.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution

(b) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify the amounts debited from your accounts are correct.

4.4 You should advise Cancer Council NSW of any changes to your payment method e.g. bank account name, bank account number. You may be contacted by Cancer Council NSW to update these details.

### 5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1300 780 113 and confirm that notice in writing or by emailing [pledge@nswcc.org.au](mailto:pledge@nswcc.org.au) so that we can resolve your query more quickly.

5.2 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

5.3 We can not accept any bank charges levied by your financial institution for rejected transactions in your nominated account.

### 6. Accounts

6.1 You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before agreeing to the direct debit if you have any queries.

### 7. Confidentiality

7.1 We will keep any information you have given us confidential (including your account details). We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorized use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim)

7.3 We will adhere to the Privacy Act 1988, including the National Privacy Act Principles, when we collect, use, disclose, store, provide access to, or otherwise deal with your personal information (including details in your direct debit request). For further information, or to request a copy of our privacy policy, please write to use as stated in 8.1 below.

### 8. Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Cancer Council NSW  
153 Dowling Street,  
Woolloomooloo NSW 2011  
Tel: 1300 780 113  
Email: [pledge@nswcc.org.au](mailto:pledge@nswcc.org.au)

8.2 We will notify you by sending a notice in the ordinary post to the address on the attached letter.

8.3 Any notice will be deemed to have been received on the third banking day after posting.