



# Donation for Paradise Kids DIRECT DEBIT REQUEST FORM

## For ongoing Donations and Sponsorships

(If selected you must complete the Direct Debit Request section shown below.)

Paradise Kids – a Division of Hopewell Hospice Services Inc.

I/We: (Name) \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

request Hopewell Hopice Services Inc. (User ID 330003) ABN 38 890 040 788, to debit from my/our account nominated in the Schedule below in accordance with the details specified in the Schedule:

### 1 Bank Accounts – The Schedule

Bank Account Name \_\_\_\_\_ Bank or Financial Institution: \_\_\_\_\_

Branch where account is held: \_\_\_\_\_ State: \_\_\_\_\_

BSB No. (6 digits)  Account No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2 Credit Cards – The Schedule

Tick One:  Visa  MasterCard  Bankcard  Amex  Diners

Card No:  Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(as it appears on the card)

I/We request Hopewell Hospice Services Inc (Paradise Kids) to debit my/our account

nominated above for the sum of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each

Tick One:  Week  Fortnight  Month  Quarter  Half year  Year

(Draws fall on the closest TUESDAY of the period specified)

Date Commencing: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Customer signature/s: (If joint account, all signatures)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Direct Debit Request Service Agreement

Paradise Kids Division of Hopewell Hospice Services Inc

Request to establish Debit Authority within the Direct Debit System

1. Paradise Kids (the Debit User) will debit the BSB/Account nominated in the Schedule of this Direct Debit Request as specified.
2. Paradise Kids will give not less than 14 days written notice to the customer(s) should it propose to vary the arrangements of this Direct Debit Request
3. The customer(s) may request Paradise Kids to defer or alter the payment amount specified in the Schedule of the Direct Debit Request.  
Requests authorizing these changes may be made by phoning or written advice to Paradise Kids. Customer(s) may change the:

- Due Date of Payment
- Payment Amount
- Frequency of Payment

Customer(s) wishing to vary the drawing account details specified in the Schedule of this Direct Debit Request must provide signed Authority for such changes to be effected.

4. In compliance with the Industry's Direct Debit Claims Process, Paradise Kids will assist customer(s) disputing any payment amount drawn on the nominated BSB/Account in the Schedule of this Direct Debit Request. Paradise Kids will endeavour to resolve this matter within the Industry Agreed timeframes. Customer(s) may visit any branch of their financial institution and complete a "Direct Debit System Claim Request" form to initiate the process.
5. Paradise Kids advises that some Financial Institutions accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution to ensure the account nominated in the schedule of this Direct Debit Request enables Direct Debiting.
6. It is the customer's responsibility to ensure at all times there is sufficient cleared funds available, at the due date of the debit drawing. To enable payment from the BSB/Account as nominated in the Schedule of this Direct Debit Request.
7. Paradise Kids advise the debit drawing will be made on the agreed due date as nominated in the Schedule of this Direct Debit Request. When the due date is a closed business day Paradise Kids will initiate the debit drawing on the next open business date. Customer(s) may direct processing inquiries to their financial institution. A closed business day is defined as any calendar day on which the customer's financial institution is not open for direct debit processing. That is
  - Weekends
  - Public Holiday - State
  - Public Holiday - National
8. Where an unpaid debit item is returned by the customer's financial institution, Paradise Kids will apply an Outward Dishonour Fee to the customer's Account.
9. Customer(s) who wish to cancel this Direct Debit Request must notify Paradise Kids in writing not less than 7 days before the next scheduled debit drawing. This request may be directed to Paradise Kids or to a customer's financial institution.
10. Paradise Kids requests the customer(s) to direct all inquiries, disputes, requests for payment changes or cancellation directly to them.
11. Paradise Kids agrees to keep confidential all customer's records and account details contained in the Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer has provided consent to do so.

**Taxation Benefit:** As Paradise Kids is a Division of Hopewell Hospice Services Inc., which is a Registered Charity and Deductible Gift Recipient, donors will receive a Tax-Deductible Receipt acknowledging their generous contribution.

All information is treated as confidential. I do  / do not  wish to be included in Donor Recognition lists.

# DONATION FOR HOPEWELL HOSPICE

Form for Cash, Cheque, Credit Card or Gifts in Kind  
(See reverse side for Direct Debit)

Hopewell Hospice – a Division of Hopewell Hospice Services Inc.



## Contact details for sending a Tax Deductible Receipt

I/We: (Name) \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (h / w / m) \_\_\_\_\_

## Payment Details

1. **Cash or Cheque** Amount: \$ \_\_\_\_\_

Send to: Hopewell Hospice, PO Box 1290, Runaway Bay, Qld 4216, or

Deliver to: Hopewell Hospice, 11 Dunkirk Close, Arundel, Qld 4214 (Office Hours), or

Contact: [enquiries@hopewell.org.au](mailto:enquiries@hopewell.org.au) or refer to [www.hopewell.org.au](http://www.hopewell.org.au)

2. **Credit Card Payment:** Amount: \$ \_\_\_\_\_

Tick One:  Visa  MasterCard  Bankcard  Amex  Diners

Card No:                 Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(as it appears on the card)

3. **Electronic Transfer (EFT):** (Send notice to ensure a Receipt.)

Bank: Bendigo Bank, Paradise Point Branch Account Name: Hopewell Hospice

BSB: 633 000 Account: 1210 68639

4. **Gifts in Kind:** Provide details to enable preparation of a Tax Deductible Receipt.

These may include: Building materials, supply and installation of services, trade work and labour, furnishings, fittings and equipment, hard and soft landscape and specialist consultant services.

Describe the Gift: \_\_\_\_\_ Value of the Gift (at Market rates): \$ \_\_\_\_\_

(Attach further details if required.) \_\_\_\_\_

5. **A Gift of Gratitude:** Give recognition to someone special by donating to the Hospice in their name –

it could be for a birthday, an anniversary, Christmas or as a memorial gift linked to a funeral. You receive a Tax Deductible Receipt and a **Gratitude Card** acknowledging the gift will be sent to the person and address that you specify.

Send Gratitude Card to: \_\_\_\_\_

Card to be sent from: \_\_\_\_\_

6. I have included Hopewell Hospice in my will

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# Donation for Hopewell Hospice DIRECT DEBIT REQUEST FORM

## For ongoing Donations and Sponsors

(If selected you must complete the Direct Debit Request section shown below.)

Hopewell Hospice – a Division of Hopewell Hospice Services Inc.

I/We: (Name) \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

request Hopewell Hospice Services Inc. (User ID 330003) ABN 38 890 040 788, to debit from my/our account nominated in the Schedule below in accordance with the details specified in the Schedule:

### 1 Bank Accounts – The Schedule

Bank Account Name \_\_\_\_\_ Bank or Financial Institution: \_\_\_\_\_

Branch where account is held: \_\_\_\_\_ State: \_\_\_\_\_

BSB No. (6 digits)  Account No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2 Credit Cards – The Schedule

Tick One:  Visa  MasterCard  Bankcard  Amex  Diners

Card No:  Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(as it appears on the card)

I/We request Hopewell Hospice Services Inc (The Hospice) to debit my/our account

nominated above for the sum of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each

Tick One:  Week  Fortnight  Month  Quarter  Half year  Year

(Draws fall on the closest TUESDAY of the period specified)

Date Commencing: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Customer signature/s: (If joint account, all signatures)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Direct Debit Request Service Agreement

Hopewell Hospice Division of Hopewell Hospice Services Inc

Request to establish Debit Authority within the Direct Debit System

1. Hopewell Hospice (the Debit User) will debit the BSB/Account nominated in the Schedule of this Direct Debit Request as specified.

2. Hopewell Hospice will give not less than 14 days written notice to the customer(s) should it propose to vary the arrangements of this Direct Debit Request

3. The customer(s) may request Hopewell Hospice to defer or alter the payment amount specified in the Schedule of the Direct Debit Request.

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- Due Date of Payment
- Payment Amount
- Frequency of Payment

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A closed business day is defined as any calendar day on which the customer's financial institution is not open for direct debit processing. That is

- Weekends
- Public Holiday - State
- Public Holiday - National

8. Where an unpaid debit item is returned by the customer's financial institution, Hopewell Hospice will apply an Outward Dishonour Fee to the customer's Account.

9. Customer(s) who wish to cancel this Direct Debit Request must notify Hopewell Hospice in writing not less than 7 days before the next scheduled debit drawing.

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