LUTHERAN community care

Direct Debit Request

Request and Authority to debit the account of the person named below to donate to Lutheran Community Care (LCC)
LCC uses the services of the Lutheran Laypeople's League (LLL) to facilitate this transaction.

All gifts over $2 are tax deductible. A receipt will be issued at the end of the financial year summarising your total tax deductible amount. (Individual receipts are not issued)

Is this a change to an existing Direct Debit? ❑YES OR ❑NO

Request and authority to debit the account named below	**Surname or company name** _____ **Title** _____ **Given names or ABN** _____ **'You'** request and authorise The Lutheran Laypeople's League of Australia Inc. (User ID No. 006861) to process any amount the LLL deems to debit or charge you through the Bulk Electronic Clearing System from an account held at the Financial Institution below subject to the terms and conditions of the Direct Debit Request Service Agreement and further instruction that may be provided below.
Name of Financial Institution that holds your account **Your account details to be debited (Transfer From)**	**YOUR BANKING DETAILS** **Financial Institution Name**_____ (Bank, Loan Society etc) **Address** _____ **Account Name** _____ **BSB Number** ❑❑❑-❑❑❑ **Account Number** ❑❑❑❑❑❑❑❑❑
Debit Details	**Amount to be debited: $** _____ **The first debit may be made on** ____/____/_____ and at the following intervals after that: ❑Fortnightly ❑Monthly ❑Quarterly ❑Half Yearly ❑Yearly **(Please tick appropriate box**
LLL Account to be credited (Transfer To)	**Account Name: Lutheran Community Care Gift Fund** **BSB: LLL BSB 704-942** **Account Number: 128672 /S1 / LUT**
Signature and address of account holder/s	By signing this Direct Debit Request form you acknowledge that you have read the form and understand the terms and conditions under which debit arrangements are made between you and Lutheran Laypeople's League for Lutheran Community Care. Signature/s _____ (If signing for an organisation, sign and print full name and capacity for signing e.g. Director, Partner etc.) Address _____ Date _____/_____/_____ Contact Phone Number _____
Please return this form to:	**Lutheran Community Care PO Box 1020 Prospect East SA 5082**
	NOTE: Direct Debiting is not available on the full range of accounts. **If in doubt, please contact your financial institution or Lutheran Community Care before completing the form.**