



**Paying by Direct Debit**

First Name:

Family Name:

BSB Number:

Account Number:

**Australian Committee for UNICEF Ltd Direct Debit Request.**

By returning this form I/we request UNICEF Australia (User ID: 038955) to arrange for funds to be debited from my/our account at the financial institution identified on this form and as prescribed through the Bulk Electronic Clearing System. This authorisation is to remain in force in accordance with the terms described in the Direct Debit Agreement following: 1. Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution. 2. You are advised to check your account details by contacting your financial institution. 3. Your account will be debited on the 15th (fifteenth) of each month or the next working day. 4. It is your responsibility to ensure sufficient clear funds are in the nominated account when payments are to be drawn. If the transaction is returned unpaid, we will write to you seeking your instructions. 5. Should you wish to cancel, defer or make alterations to the Direct Debit arrangement, please ring 1300 134 071 or write to UNICEF Australia, PO Box 488, Queen Victoria Building, NSW 1230. Stop payment or cancellations may also be directed to your financial institution. We will give you 14 days' notice if we vary any of the debit arrangements. 6. Should you have any queries or dispute any debit item, please contact UNICEF Australia in the first instance. Claims can also be lodged through your financial institution. 7. Your records and account details will be kept private and confidential to be disclosed only if requested by yourself or the financial institution if a claim is made for an alleged incorrect or wrongful debit.

I/we have read the Direct Debit Request details above. (Both signatures are required for a joint account) I am over 18 years of age.

Signature  Date  Signature  Date

↓ Sign here