

Monthly Donation Authorisation



Title First name.....Surname.....

Address.....

.....Postcode

Home phone..... Work phone..... Mobile.....

Fax..... Email address.....

Date of birth*..... *You are entitled to view all of your personal information held by us. We ask for you date of birth as verification of your identity, in the event of you requesting to access your record.

I/we would like to make an ongoing monthly gift to Baker IDI Heart & Diabetes Institute, to help fund research that will prevent, manage and treat diabetes and cardiovascular disease.

I would like to donate \$_____ (per month) from the below account commencing in _____ (month).

- ▶ If you wish your regular gift to be deducted from your **CREDIT CARD** please complete options 1 & 3.
- ▶ If you wish your regular gift to be deducted from your **BANK ACCOUNT** please complete options 2 & 3.

(1) CREDIT CARD PAYMENT Donations will be deducted anytime from the 15th of each month.	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Diners <input type="checkbox"/> Amex	Amex ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name on Card: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(2) BANK ACCOUNT PAYMENT *this option is only available if making a regular monthly gift By signing this document you authorise Baker IDI Heart & Diabetes Institute (Direct Debit User ID 379712), on the 15th of each month (or nearest business day) until further notice in writing to arrange for funds to be debited from my/our account as described in the schedule above by the Bulk Electronic Clearing System. I have read the "Direct Debit Request Service Agreement" that is enclosed and acknowledge and agree with its terms and conditions.	
Name and branch of your financial institution: <input type="text"/>	
Account name: <input type="text"/>	
BSB number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(3) AUTHORISATION I/we authorise Baker IDI to debit the selected credit card or account (both signatures required if debiting from a joint bank account) with the amount specified unless otherwise notified.	
Signature(s): <input type="text"/>	Date: <input type="text"/>

Thank you for your ongoing support. Donations of \$2 or more are tax deductible.

We respect your privacy and are committed to protecting it according to the National Privacy Principles. You can view our privacy policy at www.bakeridi.edu.au/privacy_policy/. For further information, please contact our Privacy Officer:
T 1800 827 040 · E privacy@bakeridi.edu.au

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