e(give) Application Form



Personal Contributions

This form authorises UC Invest to debit your nominated account for a recurring payment which will be paid to your requested organisation. Please use BLACK or BLUE INK and print within the boxes in CAPITAL letters. Mark all answer boxes with a cross (X).

| 1. CONGREGATION OR ORGANISATION | |
|---|---|
| Congregation / Organisation Name | e(Give) Account Number (if known) |
| | |
| Specific Project Name (ie building fund) | |
| | Amend an Existing Request |
| 2. APPLICANT ONE | 3. APPLICANT TWO |
| Title Mr Mrs Mrs Ms Miss Other | Title Mr Mrs Mrs Ms Miss Other |
| Given Names | Given Names |
| Surname | Surname |
| Phone (day) | Phone (day) |
| Date of Birth | Date of Birth |
| Postal Address | Postal Address |
| Suburb | Suburb |
| State Postcode | State Postcode |
| 4. AMOUNT AND FREQUENCY | |
| Amount \$ | Every: Week Fortnight Month Quarter Only Once Start on: D / M / Y Y (At least 3 business days notice is required) |
| 5. NOMINATED ACCOUNT DETAILS | |
| OPTION A - Bank Account Details | OPTION B - Credit Card Details |
| Financial Institution Image: Constraint of the second | Card Type Visa Mastercard Name on Card Image: Card Number Card Number Image: Card Number Image: Card Number Image: Card Number |
| | |
| 6. TRANSACTION AUTHORITY I/We authorise UC Invest (User ID Number: 186213/332875) to debit my/our nominate | ed account for the amount and frequency above. |
| By signing this form you acknowledge having read and understood the terms and conditions. | ditions under which debit arrangements are made between you and UC Invest as outlined in |
| Signature of Account Holder 1 | Signature of Account Holder 2 |
| | |



| Date | DD,MM,YYYY |
|------|------------|

Entered by

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