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

UC Invest • Uniting Church SA • ABN: 25 068 897 781 Level 2, 212 Pirie Street, Adelaide SA 5000 • GPO Box 2145, Adelaide SA 5001 Call: (08) 8236 4220 or 1300 766 956 • Fax: (08) 8236 4250 Email: info@ ucinvest.com.au • Web: ucinvest.com.au

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