

## Direct Debit Request – Regular Giving Donation

I/We request and authorise CatholicCare Victoria (ABN 51 857 084 361), to arrange to debit donation from my/our nominated account or card provided below according to the details specified.

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### DONOR DETAILS

Name(s):.....

Address: .....

Suburb: ..... Postcode: .....

Phone: ..... Email: .....

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### PLEASE DEDUCT DONATION FROM MY BANK ACCOUNT

Name of bank account holder: .....

BSB: \_\_\_ / \_\_\_ / \_\_\_ Account Number : \_\_\_\_\_

**OR**

### PLEASE DEDUCT DONATION FROM MY CARD (Master Card or VISA)

Card number: \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ Card expiry date: \_\_\_ / \_\_\_

Cardholder's name: ..... Cardholder's signature: .....

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### DONATION DETAILS

**Amount (Tax-deductible donation):** Please debit \$..... from the account nominated above.

**Donation frequency:** Monthly      Direct Debit Date: 22<sup>nd</sup> of every month

Signature(s): ..... Date signed: \_\_\_ / \_\_\_ / \_\_\_\_\_

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### You may enquire about anything relating to your Direct Debit arrangement by:

- calling us on **(03) 9967 2515**
- emailing **fundraising@catholiccarevic.org.au**
- writing to **CatholicCare Victoria, PO Box 196, East Melbourne VIC 8002**
- submitting an enquiry form via our website **www.catholiccarevic.org.au**

Thank you for your  
compassionate support.