

# Direct Debit Service Agreement

The following is your Direct Debit Service Agreement with **Friends of Trinity Pty Ltd, ABN 14626749635**. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

## Definitions

- **account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.
- **agreement** means this Direct Debit Request Service Agreement between *you* and *us*.
- **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- **debit day** means the day that payment by *you* to *us* is due.
- **debit payment** means a particular transaction where a debit is made.
- **direct debit request** means the Direct Debit Request between *us* and *you* #
- **us** or **we** means **Friends of Trinity Pty Ltd**, (the Debit User) *you* have authorised by signing a *direct debit request*.
- **you** means the customer who signed the *Direct Debit Request*.
- **your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained?

## 1. Debiting your account

By signing a *Direct Debit Request*: *you* have authorised *us* to arrange for funds to be debited from *your account* # *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*

If the *debit day* falls on a day that is not a *banking day*: we may direct *your financial institution* to debit *your account* on the following *banking day*.

If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

## 2. Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days' written notice.

## 3. Amendments by you

*You* may change...stop or defer a debit payment...or terminate this agreement by providing *us* with at least fourteen (14) days' notification by writing to: **88 North Tce: Adelaide SA 5000** or by telephoning *us* on **08 8213 7300** during business hours or arranging it through your own financial institution.

## 4. Your obligations

Is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

If there are insufficient clear funds in *your account* to meet a *debit payment*:

- (a) *you* may be charged a fee and/or interest by *your financial institution*;
- (b) *you* may also incur fees or charges imposed or incurred by *us*' and
- (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.

*You* should check *your account* statement to verify that the amounts debited from *your account* are correct

## 5. Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on **08 8213 7300** and confirm that notice in writing with *us* as soon as possible so that we can resolve your query more quickly. Alternatively *you* can take it up with your financial institution direct.

If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to *your query* by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify *you* in writing of the amount by which *your account* has been adjusted.

If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your query* by providing *you* with reasons and any evidence for this finding in writing.

## 6. Accounts

*You* should check,

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement/and with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

## 7. Confidentiality

We will keep any information (including *your account* details) in *your Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that any of our employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about *you*:

- (a) to the extent specifically required by law; or
- (b) or the purposes of this *agreement* (including disclosing information in connection with any query or claim).

## 8. Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*: *you* should write to **88 North Tce, Adelaide SA 5000** We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the third *banking day* after posting.



## Giving at Trinity Church Aldgate

Trinity Church is committed to the ministry of the gospel in Adelaide and beyond. The ministry of Trinity Church is supported almost entirely by its members. Our ongoing ministry relies week to week on the generosity of members.

Your generous donation to support the ministry of Trinity Church can be made in one of the following ways:

### 1. ELECTRONIC TRANSFER (DIRECT CREDIT)

*You* arrange through your bank (often via the internet) to transfer funds from your account to ours.

Account Name: Friends of Trinity Trust  
Bank: Commonwealth Bank of Australia  
BSB: 065 000  
Account Number: 1174 1155

Would you please put your location and gathering as the reference for these deposits.

### OR 2. DIRECT DEBIT

*You* complete the direct debit authority over the page (steps 2 to 5) to allow Friends of Trinity Trust to debit an agreed amount from your bank account at an agreed frequency.

### OR 3. CREDIT CARD

*You* authorise Friends of Trinity Trust to debit an agreed amount from your credit card account on the 15<sup>th</sup> day of each month.

### OR 4. ENVELOPES (CASH OR CHEQUE)

*You* can obtain regular giving envelopes by contacting the office or by completing a Welcome Card at our Sunday service.

Please make cheques payable to 'Friends of Trinity Trust'.

The money *you* put in the envelope goes to Trinity Church, except for 16.00% which is paid as an assessment required by the Anglican Diocese of Adelaide. If *you* would prefer your gift to go to Trinity Church, then write the letters "FTT" on the envelope. *You* can also direct a portion of your gift to go to other ministries.

### OR 5. OPEN PLATE (OFFERING BAGS)

Gifts can also be made by placing cash or cheques in the collection bags which are passed around towards the end of our services. Unless *you* indicate otherwise, 16.00% of your gift will go to the Diocese of Adelaide.

**STEP 1: GENERAL DETAILS**

Date: \_\_\_\_\_  
 New       Amendment to Previous Request       Cancellation

If you are giving via direct debit or credit card, you can complete steps 2 to 5 to adjust your giving.

**STEP 2: PERSONAL DETAILS**

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_  
Company Name: \_\_\_\_\_ ACN / ARBN: \_\_\_\_\_  
(if applicable)  
Address: \_\_\_\_\_  
Suburb / Town: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**STEP 3: GIVING DETAILS**

**PART A: GIVING FREQUENCY**  
 Weekly       Fortnightly       Monthly (15<sup>th</sup> of month)  
 Quarterly       Yearly       Once off

**PART B: GIVING AMOUNT** (As per frequency above)

	Amount	Other (please specify)	Amount
Friends of Trinity Trust	\$ _____	.....	\$ _____
Trinity Network Growth Fund	\$ _____	.....	\$ _____
	\$ _____	.....	\$ _____

Trinity Church is in partnership with the following mission organisations:

<b>Evangelical Students (AFES)</b>	<b>Bush Church Aid (BCA)</b>
<b>Bible College South Australia (BCSA)</b>	<b>City Bible Forum (CBF)</b>
<b>Church Missionary Society (CMS)</b>	<b>Scripture Union (SU)</b>

These ministry partners encourage you to contact them directly regarding financial support. Further information is available on our website: [www.trinityhills.church](http://www.trinityhills.church)

**STEP 4: GIVING OPTIONS (IF GIVING VIA DIRECT DEBIT OR CREDIT CARD)**

Please commence my / our debit on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**A** DIRECT DEBIT MY BANK ACCOUNT  
(according to the frequency and amount specified in Step 3)

Name of Financial Institution: \_\_\_\_\_  
Name of Account to be debited: \_\_\_\_\_  
BSB: \_\_\_\_ / \_\_\_\_ Account Number: \_\_\_\_\_

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you authorise Friends of Trinity Trust (User ID number 079475), until further notice in writing, to debit your nominated bank account as per the giving options and schedules in Step 3 of this form. This debit or charge will be made through the Bulk Electronic Clearing System (BECS). It also indicates that you have understood and agreed to the terms and conditions governing the debit arrangements as set out in this Request and in the Direct Debit Request Service Agreement on the back page of

**OR**

**B** DEBIT MY CREDIT CARD  
(according to the frequency and amount specified in Step 3)

Card Type:      Visa       MasterCard       AMEX

Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry: \_\_ / \_\_

**STEP 5: AUTHORISATION**

(Note: If joint account, all signatures may be required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Friends of Trinity Trust  
88 North Terrace, Adelaide SA 5000

Please mark the envelope "Friends of Trinity Trust - PRIVATE & CONFIDENTIAL". This form can be used to give money to Friends of Trinity Trust and, through it, to other nominated ministries.