

Please use
this form to
become a
Field Partner



Your details

ID Number (if known):

Title: First name: Surname:

Address: Suburb: State: Postcode:

Phone (mob): Phone (hm):

Email: DOB:

I would like to support Médecins Sans Frontières' ongoing work by becoming a Field Partner and making a regular MONTHLY donation of:

\$20 \$35 \$50 \$75 Other \$ (min \$10) per month

1 Monthly gifts by Credit Card (please complete section 1 & 3)

Card Type: Visa MasterCard Amex Diners

Card No:

Expiry Date: -

Name on Card:

2 Monthly gifts by Direct Debit (please complete section 2 & 3)

Direct Debit Request: By signing this document I/we authorise Médecins Sans Frontières Australia (MSF, ABN 74 068 654 (User ID No. 121896), to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed through the Bulk Electronic Clearing System. This authorisation is to remain in force in accordance with the terms described in the service agreement below. I understand my/our account will be debited on the first or third Wednesday of each month/quarter/year for the amount shown above.

Financial Institution Name & Branch:

Account Name:

BSB Number: -

Account Number:

Direct Debit Service Agreement: 1: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution. 2: You are advised to check your account details by contacting your financial institution. 3: Your account will be debited, for the amount shown above, on the first or third Wednesday of each month/quarter/year or nearest working day after. 4: It is your responsibility to ensure sufficient funds are in the nominated account when payments are to be drawn. If the transaction is returned unpaid, we will contact you seeking your instructions. Any dishonour fees payable by Médecins Sans Frontières in respect to this agreement will be added to your next months drawing. 5: Should you wish to defer the drawing; alter the schedule; stop an individual debit; dispute any debit; or suspend, or cancel the direct debit arrangement, please ring 1300 13 60 61 or write to MSF, PO Box 847, Broadway NSW 2007, giving Médecins Sans Frontières 14 days notice. We will give you 14 days notice if we vary the initial debit arrangements. 6: Should you have any queries or dispute any debit item, please contact Médecins Sans Frontières Australia in the first instance. If you do not receive a satisfactory response from Médecins Sans Frontières to your dispute, contact your financial institution who will respond to your claim within 7 working days (for claims lodged within 12 months of the disputed drawing) or 30 working days (for claims lodged more than 12 months after the disputed drawing). You will receive a refund of the drawing amount if Médecins Sans Frontières cannot substantiate the reason for the drawing. 7: Your records and account details will be kept private and confidential, to be disclosed only to initiate the drawing of your nominated account or if requested by yourself or financial institution if a claim is made for an alleged incorrect or wrongful debit.

3 Authorisation

I/We authorise MSF Australia to debit the selected account or credit card with the amount specified unless otherwise notified.

Signature(s):

Date:

Personal information is collected to process donations, issue tax receipts and send updates. Please contact us if you wish to limit the use of your information. Our Privacy Policy is available at www.msf.org.au.

All donations over \$2 to Médecins Sans Frontières are tax deductible.

Please return this form to:

Médecins Sans Frontières Australia,
Reply Paid 847, Broadway NSW 2007
or fax to (02) 9552 6539 or call 1300 13 60 61

