



Partnership Plus Monthly Authority form

UCB Australia
Locked Bag 3
Springwood
QLD 4127



IMPORTANT: Please tick one

- This is a new authority
- As from / /
this authority replaces
all existing authorities

| | |
|--|-------------------------------|
| Name | Title (Mr, Mrs, etc.) |
| Organisation (if donating under organisation name) | |
| Address | |
| | Postcode <input type="text"/> |
| Contact number/s & email | |
| UCB ID# (if known) <input type="text"/> | |

| |
|-----------------|
| Amount \$ |
| Amount in words |
| |
| |

First monthly payment (month / year)
 /

Deductions occur on the **15th** of each month
(or next business day) until further notice

Information to appear on your bank statement
UCB AUSTRALIA

Payer reference (UCB Australia office to fill in)

Please choose one payment option

Bank details

| |
|-------------------------------------|
| Account name |
| |
| Financial institution name |
| |
| Branch |
| BSB number <input type="text"/> |
| Account number <input type="text"/> |

OR

Credit card details

Visa Mastercard AMEX

Card number

Expiry date Verification number
(last 3 digits of code on signature panel of your card)

Name on card

Please sign at the bottom of the page

Partnership Plus Request: I/we request and authorise UCB Australia (Westpac reference number 249 457) to arrange for funds to be debited from my/our nominated account / credit card at the financial institution shown above. This authority will remain in effect until I/we give UCB Australia 14 days' written notice to the contrary.

Partnership Plus Authority Agreement: I/we understand and agree that UCB Australia accepts this authority only upon the following conditions: **1** UCB Australia will endeavour to effect such payments without any responsibility or liability for any refusal, omission or error in making all or any of the payments or for late payment or for any omission to follow such instructions. UCB Australia accepts no responsibility or liability for the accuracy of the information contained in the payment information field on this authority or hereafter subsisting between myself/ourselves and UCB Australia in relation to my/our account. **2** This authority will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by UCB Australia. **3** I/we confirm that I/we shall undertake to ensure there are sufficient funds in the nominated account to meet the payment. In the event of there being insufficient funds in my/our account to meet the payment, I/we authorise all bank charges incurred by UCB Australia in respect of such refusal to be added to the payment amount and debited to my/our account. **4** If I/we wish to stop, cancel, defer or change a debit payment, I/we will notify UCB Australia in writing at least 14 days before the next debit day. **5** I/we will check my/our statement to verify that the amounts debited are correct. **6** All information is kept confidential (excluding provision to the bank as sponsor).

- I am a new Partnership Plus supporter
please send me my FREE GIFT*
- No gift thank you

*We will send you a different gift of equal value if the gift is unavailable

Please send me my receipt

- After each donation
- At the end of the financial year only
(for all donations for the year)



Your signature/s

For joint accounts, both signatures may be required

| |
|-------------|
| Signature 1 |
| Signature 2 |
| Date |

Office Use Only WPP1108

| | |
|----------------|--|
| N C X | |
| UCB ID # | |
| FC processed | |
| SS processed | |
| DB processed | |
| Date processed | |