MOZAID – PROJECT EDUCATION SPONSORSHIP FORM

PLEASE SEND THIS COMPLETED FORM TO: MOZAID, PO BOX 1020 ASHMORE CITY, QLD 4214. AUSTRALIA OR FAX TO (+61 7) 55 977 233

☐ **1.** $39 PER MONTH

Please make cheques out to MozAid Overseas Aid Fund
ALL GIFTS ARE TAX DEDUCTIBLE

☐ **2.** ONE OFF DONATION

Suggestions: Books ($20), desks ($130), sporting equipment ($200), water & electricity ($450), administration ($940), security ($2,000), collating photocopier ($8000) or even the construction of a classroom ($15,000) (All tax deductible)

☐ **3.** MONTHLY SPONSORSHIP

Suggestions: A monthly donation for guards wages ($200/ month), teachers salary ($300/month) or Rural officer wages & travel ($450/month)

Name:_____ Date: _____/_____/_____

Address: _____ P/Code: _____

Phone: _____ Amount $: _____ ☐ Once Off ☐ Monthly ☐ Receipt

CREDIT CARD PAYMENTS

☐ *VISA* ☐ *Master Card* ☐ Bankcard ☐ American Express ☐ Diners Club

CVV number ___ ___ ___
This is the last 3 numbers above the signature panel on the back of your credit card. American Express is 4 numbers on the front of the card above the card number

Card Number
☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: _____/_____

Cardholder Name: _____ Cardholder Signature: _____
This authorisation is to remain in force in accordance with the terms and conditions on this form, and I/We have read and understand the same*

DIRECT DEBIT FROM BANK ACCOUNT, BUILDING SOCIETY OR CREDIT UNION

Name and suburb of the financial institution: _____

Account Name: _____

BSB Number ☐☐☐ ☐☐☐ Account Number ☐☐☐☐☐☐☐☐☐

I/We authorise Ezypay Pty Ltd APCA User ID Number 064323 to debit my/our account at the financial institution identified, through the Bulk Electonic Clearing System (BECS) on behalf of Mozambique Outreach

Signature/s of account holder/s: _____ _____
This authorisation is to remain in force in accordance with the terms and conditions on this form, and I/We have read and understand the same*

*** EZYPAY** (For MozAid) **TERMS AND CONDITIONS**

I/We hereby authorise Ezypay Pty. Limited ACN 003 340 734 (herein referred to as Ezypay) to make periodic debits to my chosen account on behalf of MozAid (herein referred to as MA).
I/We acknowledge that Ezypay is acting as a direct debit agent for MA only and has no specific or implied liability in regard to the services provided by MA or the terms and conditions of my/our service agreement with MA.
I/We acknowledge that the nominated debit amount will be regularly debited to my/our account according to the terms and conditions of the service agreement with MA.
I/We acknowledge that it is my/our responsibility to have sufficient funds available in the relevant account by the due date to permit a direct debit in accordance with the direct debit request.
I/We acknowledge that if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for a late fee for each unsuccessful debit in addition to any Financial Institution charges and collection fees including but not limited to solicitors costs and commissions incurred by Ezypay or a collection agent appointed by Ezypay.
I/We acknowledge that a delay may occur in the processing of a debit if: A) There is a public or bank holiday on the day or on the day after a payment is due to be made by direct entry. B) A payment is received either on a day which is not a banking business day or after the normal close of business on a business banking day.
I/We acknowledge that if specified by MA a set up, variation and processing fee may apply.
I/We acknowledge that variations to the debit arrangements should be directed to MA.
I/We acknowledge that requests to stop or cancel debit arrangements should be directed to MA.
I/We acknowledge that any disputed debit item should be directed to MA.
I/We acknowledge that MA is to provide 14 days notice if proposing to vary the debit arrangements.
I/We acknowledge that my/our record and account details may be required by the Financial Institution in connection with a claim made on it relating to an alleged incorrect or wrongful debit, otherwise they will be treated as confidential.
I/We authorise the following: A)The Debit User to verify the details of my/our account with my/our Financial Institution.B)The Financial Institution to release information allowing the Debit User to verify my/our account details