eGive Application



Personal Contributions ONLY. Please use BLOCK LETTERS in black or blue pen only.

This form authorises UC Invest to debit your nominated account with another financial institution for a recurring gift, offering or tithe which will be credited to your nominated congregation.

completed form to our office:	In person: Level 2, 212 Pirie Street Adelaide	By mail: GPO Box 2145 Adelaide SA 500	By email: info@ucinves	By fax: 08 8236 4250		
Need help or have a question?	Call: 1300 274 151	Ema	iil: info@ucinvest.com.a	u Visit: ucinvest.com.au		
STEP 1A: Your Details - Contributor A			EP 1B: r Details – Contrib	outor B		
Notifications & Reminders		Title	First Na	ame		
If you have a mobile phone we v		Mid	Middle Name			
reminder the day before your ne to be paid to ensure you are not	Sur	Surname				
I wish to opt-out of receivir	Date	Date of Birth DD / MM / YYYY				
Title First Name			Residential Address (if different to Contributor A)			
Middle Name			Iress			
Surname		Suburb State Postcode				
Date of Birth DD / N		Star	i.c	Ostcode		
Residential Address Address		Add	Postal Address (if different to Contributor A) Address			
Suburb		Sub				
	stcode	Stat	te	Postcode		
Postal Address (if different to your residential address)			phone			
Address Suburb		Mol	oile			
State Postcode		Fax				
Total of the second of the sec	stoodo	Ema	ail			
Contact Details Telephone		SI	TEP 2:			
Mobile				are you Supporting?		
Fax				are you capper ung.		
Email		Coi	ngregation			
		This is an amendment to an existing request				

This is an anonymous gift

nominated congregation

No details about your contribution will be shared with your

STEP 3: Amount & Frequency Amount \$ Minimum \$10 per debit Please start on Please provide at least 3 business days notice Continue debiting every: Week Month **Fortnight** Quarter Or Only once STEP 4: Option A - Bank Account Details You can contribute to your nominated congregation through a Direct Debit from your external bank account. All Direct Debits are governed by our Direct Debit Request Service Agreement contained in our Product Disclosure Statement. **Financial Institution BSB Number** Must be 6 digits **Account Number** Maximum of 9 digits **Account Holder** Must be held in the name of at least one contributor Option B - Credit Card Details

You can elect to contribute to your nominated congregation by requesting a recurring payment on your credit card.

our Type
Visa
MasterCard
Name on Card
Must be in the same name as a contributor noted in Step 1
Card Number
Expiry Date DD / MM

STEP 5:

Transaction Authorisation

I/We request and authorise UC Invest (Debit User ID: 520962/332875) to debit my/our account listed in **Step 4** for the amount and frequency nominated in **Step 3** and I/we declare that:

- The details I/we have provided in this application are true and correct.
- I/We have received, read and accept the terms and conditions of the eGive service contained within the UC Invest Financial Services Guide (FSG) and Product Disclosure Statement (PDS). A current copy of our FSG and PDS is available on our website ucinvest.com.au or by calling 1300 274 151.
- I/We acknowledge that this application creates a standing agreement which will remain in force until UC Invest is officially notified of its suspension or cancellation, unless marked above as a once only transaction.

Contributor A

Sign here					
Name					
Date					
Contributor E	3 (Joint C	ontribu	tions ON	LY)	
Name					

Card Type