

New Partnership Form



New Partner Details

First name _____ Last name _____

Home phone _____ Work _____ Mobile _____

Email _____

Postal Address _____

* Pastors Name (if known) _____

Method of Payment

Cheque

Direct Payment (organise to transfer from your account monthly)*

Direct Debit (authorise Live Connection to debit your account each month – see below for further info and sign authority statement.)

Credit Card - Type: Mastercard Visa

Credit Card No:

Expiry Date _____ Name on Card _____

Signature _____

Live Connection Internet Banking

Bank: ANZ **Account Name:** Live Connection

BSB: 012 298 **Acc No:** 499 316 505

* Please include your name when you transfer funds.

Direct Debit Authorisation

Amount to be debited MONTHLY _____

Payment to begin: Month _____ Year _____

Name of financial Institution _____

Account Name _____

BSB _____ Account Number _____

Direct Debit request: I/We authorize Live Connection to arrange for funds to be debited from my/our account at the financial institution identified above and as prescribed through the Bulk Electronic Clearing System. This authorization is to remain in force in accordance with the terms described in the service agreement below: 1. Direct debiting is not available on the full range of accounts. If in doubt, please contact your financial institution. 2. You are advised to check your account details by contacting your financial institution. 3. Your account will be debited in the last week of the calendar month. 4. It is your responsibility to ensure sufficient clear 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. 5. Should you wish to cancel, defer, or make alterations to the direct debit arrangements, please ring 02 9453 4598 or write to Operations Manager Live Connection Cnr Forest Way and Wearden Rd. Belrose NSW 2085. We will give you 14 days notice if we vary any of the debit arrangements. 6. Should you have any queries or dispute any debit item, please contact Live Connection in the first instance. 7. Your records and account details will be kept private and confidential to be disclosed only if requested by yourself or the financial institution if a claim is made for an alleged incorrect or wrongful debit.

Signature (1) _____ Date _____

Signature (2) _____ Date _____

Post this completed form to: Live Connection. Cnr Forest Way & Wearden Rd, Belrose NSW Australia 2085.