



DIRECT DEBIT REQUEST FORM – WORKER

Name

Phone Number

E-Mail Address

Address

State Postcode

I accept the amount designated by SYC2011 Please debit \$_____ each fortnight

Due to the difference in timings of beginning the direct debit program, the fee will be confirmed to you by the Finance team by email when this form is processed. The amount will be calculated to pay your fees in full by December 2010. You can amend this amount at any time by returning another copy of this completed form as per below. Please be aware if you elect to reduce the amount recommended by SYC2011, there will be a remaining balance payable in December 2010.

Some young people do not have the opportunity to attend Youth Conferences. You have the opportunity to contribute to sponsoring some young people to attend the conference. These young people may even come from overseas countries. By checking the following box, an additional \$7.00 per fortnight will be debited from your account to assist young people in need. You can opt out of this option at any time by contacting the team as per below.

I would love to contribute an additional \$7.00 per fortnight to assist other young people.

I/We request you SYDNEY CHRISTADELPHIAN YOUTH CONFERENCE 2011 (314011) to arrange for funds to be debited from my/our nominated account at the financial institution according to the specified schedule and available Direct Debit Service Agreement.

Financial Institution

Branch

Account Name

BSB Number Account Number

Signature Date

Signature Date

If debiting from a joint bank account, both signatures are required.

Return your completed application:-

By Mail: 24a Seidel Avenue By E-Mail: finance@sydney2011.com
Picnic Point, NSW, 2213