

BERCS

Barneys Easy Regular Contribution Scheme

DIRECT DEBIT REQUEST FORM

Until further notice, I/we request you, St Barnabas Church Broadway, to arrange funds to be debited from my/our nominated Bank Account or Credit Card Account at the financial institution shown below and credited to: **St Barnabas Church Broadway** account according to the schedule specified.

<input type="checkbox"/> New Application <input type="checkbox"/> Change of existing Application
Name: _____
Address _____ _____
Phone: (daytime) _____
Signature: _____
Date: ____/____/20____
On completion of this form, please hand it in to the Info Table at church (envelopes marked BERCS are available at the information desk to seal it) or drop it in the offertory bowl. Alternatively, please mail it to: St Barnabas Church, PO Box 64 Broadway NSW 2007

gripped by the love of Christ

MONTHLY DEBIT FROM CREDIT CARD ACCOUNT

TYPE OF CARD MasterCard Visa
Card No. _____

Expiry Date __ / __

Cardholder Name _____

Signature _____

Please debit \$ _____ on (or after) the 1st of each month beginning in the month of _____ 20 ____

REGULAR DEBIT FROM BANK ACCOUNT

Financial Institution _____

Branch No (BSB): ____-____

Account No: _____

Account Name: _____

Please debit \$ _____

Fortnightly (on Tuesdays)

Monthly on (or after) the 1st of each month.

Monthly on (or after) the 15th of each month.

Commencing: immediately or __ / __ / __

Signature: _____

DIRECT CREDIT TO BARNEYS

Account Name: St Barnabas Church Broadway

BSB: 032-249

Account No: 21 3323

Bank & Branch: Westpac, Broadway