

Request for Automatic Withdrawal

This direct debit request ('DDR') Service Agreement is issued by Coptic Orphans Association.

This Service Agreement and the Schedule contains the terms and conditions on which you authorise Coptic Orphans to debit money from your account and the obligations of Coptic Orphans and you under this agreement. You should read through the Service Agreement and Schedule carefully to ensure you understand these terms and conditions before signing the Schedule. You should direct all enquiries about your direct debit to Coptic Orphans to (02) 9597 7630.

1. Our Commitment to you

Coptic Orphans will give you at least 14 days notice in writing if there are changes to the terms of the drawing arrangements (except where you have nominated automatic increases for Coptic Orphans sponsorship) Coptic Orphans will keep the details of your nominated financial institution account confidential, except where it is required for the purposes of conducting direct debits with your financial institution. When the due date is not a business day, Coptic Orphans will draw from your nominated financial institution account on the next business day after the 15th in accordance with the Coptic Orphans request schedule.

2. Your Commitment to us

It is your responsibility to:

- * Ensure your nominated account can accept direct debits.
- * Ensure there are sufficient funds available in the nominated account to meet each drawing on the due date.
- * Check your account statement to verify that the amounts debited from your account are correct.
- * Advise us if the nominated account is transferred or closed, or the account details change.
- * Arrange an alternate payment method acceptable to Coptic Orphans if Coptic Orphans cancels the drawing arrangements.
- * Ensure that all account holders on the nominated financial institution account sign the DDR schedule. If there are more than two signatories, please sign, side by side in the space provided.

3. Your Rights

You should contact Coptic Orphans, providing at least 21 days notice, if you wish to alter the drawing arrangements. This includes:

- * stopping an individual drawing
- * altering the schedule
- * erring a drawing
- * cancelling the schedule
- * suspending future drawings

Where you consider that a drawing has been initiated incorrectly, you should firstly contact Coptic Orphans on (02) 9597 7630. If you are not satisfied with the response, please write to us. Your letter marked "Notice of complaint" and addressed to:

Coptic Orphans
PO Box 49
Bexley, NSW 2207

Coptic Orphans will respond within 14 days of receiving your letter. Coptic Orphans have formal procedures for dealing with a complaint.

4. Other Information

The details of your drawing arrangements are contained in the DDR Schedule. Coptic Orphans reserves the right to cancel drawing arrangements if drawings are dishonoured by your financial Institution. If there are insufficient funds in your account your financial institution may charge you a dishonour fee and or interest. You may also be charged a fee to reimburse Coptic Orphans for any fees or charges incurred for the failed transaction. Coptic Orphans may recoup the dishonour fee charged in the next drawings. You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account so that Coptic Orphans can process the debit payment.

Surname (or Company/Business Name)

Given Names(s) (or ACN/ABN)

Surname

Given Name (s)

Request Coptic Orphans (ABN 92 753 235 136) (User ID number 227254) to draw money from my/our account conducted with:

Payment Details for Checking Account Withdrawal

I/We acknowledge that this Direct Debit Request Schedule is governed by the terms of the Direct Debit Request Service Agreement. I have read and agree to the terms and conditions.

I/We request the Direct Debit to be taken from my account on the 15th of every month for the amount of:

___ min \$50 ___ \$75 ___ \$100 ___ Other: \$___

Note: Direct Debiting is not available on the full range of financial institution accounts. If in doubt, please refer to your financial institution before completing this schedule.

Name of Financial Institution

Branch

Name of Account to be debited

BSB Account Number

Account Number

_____-_____-_____