

## Campus Bible Study Trainee Support Form

Please complete this form and return to:  
PO Box 244 Kingsford NSW 2032, or fill out our online form  
at [www.campusbiblestudy.org/support](http://www.campusbiblestudy.org/support)  
Need help with setting up your giving? Call 02 9146 6380



### Step 1: Personal Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Giving to support (name of trainee): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Step 2: Choose your giving option

I would like to support financially!

I would like to support prayerfully!

(Fill out your details on opposite page)

### Step 3: Choose the amount and frequency of your giving

I would like to give: \$ \_\_\_\_\_ each: week / fortnight / month/one time  
(Commencement date if necessary: \_\_\_\_\_)

### Step 4: Authorisation (For direct debit and credit card only)

I/we authorise Campus Bible Study to debit the selected account or credit card  
with the amount specified unless otherwise notified. (For Credit Card signature  
needs to be Card Holder signature).

Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

Both signatures are required for a joint account

### Option 1 – Cash, Cheque or Money Order

If you would like to give by cash or cheque, please send it and this form to Campus  
Bible Study. **Please make all cheques out to Campus Bible Study.**

### Option 2– Credit Card

Please debit my: Mastercard / Visa / American Express (circle)

Card number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiry: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_ Name on card: \_\_\_\_\_

### Option 3 - Internet transfer giving details

**Account name:** Campus Bible Study

**BSB:** 062-188 **Account number:** 1021 1389

**Reference/description:** “[YourName] [trainee]” e.g. JoeSmith JCitizen Please  
send an email to [support@campusbiblestudy.org](mailto:support@campusbiblestudy.org) to let us know when you have set up your  
account. Include the reference description, the donation frequency and the date of the first  
transaction in your e-mail. This will allow us to check that the money actually arrives in our  
account.

### Option 4 – Direct Debit

I/we request CBS Fund to arrange for funds to be debited from my/our account  
at the financial institution identified on the enclosed form as prescribed  
through the Bulk Electronic Clearing System. This authorisation is to remain in  
force in accordance with the terms described in the Direct Debit Service  
Agreement below:

1. Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your  
financial institution. 2. Your account will be debited in accordance with your instructions  
above, or on the nearest working day. 3. It is your responsibility to ensure that sufficient 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. 4. Should you wish to cancel, defer or  
make alteration to the direct debit arrangement, please call us or write to us using the details  
provided. We will give you 14 working days notice if we vary any of the debit arrangements. 5.  
Should you have any queries or disputes please write or email CBS in the first instance. 6. Your  
records and account details will be kept private and confidential. Information will be disclosed  
only if requested by yourself or the financial institution in the event of a claim made for an  
alleged incorrect or wrongful debit.

Account name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_