

Mary Immaculate Catholic Church (Quakers Hill)

NEW PARISHIONER/ EXISITING(UPDATING) INFORMATION

So that we may know who you are and keep Parish records would you please, fill in your details on this form and give it to the Parish Office. In accordance with Privacy of Information Legislation, the information you provide will be treated by the parish staff in absolute confidence.

PLEASE USE BLOCK CAPTIAL LETTERS

FAMILY NAME _____ HOME PHONE _____

ADDRESS _____

SUBURB _____ POST CODE _____

EMAIL ADDRESS _____ LANGUAGE SPOKEN AT HOME _____

MOBILE (Head of family or Husband) _____ MOBILE (Secondary Contact or Wife) _____

COUNTRY OF BIRTH _____ COUNTRY OF BIRTH _____

ETHNICITY _____ ETHNICITY _____

PEOPLE LIVING AT HOME (including yourself)

Christian Names	Relationship (husband, wife, son, etc.)	Sex (M/F)	Religion	Date of Birth	Occupation or School Year

There are many things you can do if you wish to become part of the community at Quakers Hill. Here is a list of some of them. If you think you'd like to be involved in a particular activity, please tick the box and someone will get in touch with you. Please indicate the family member's name who is interested. Tick as many boxes as you wish. If you are already serving in one of these ministries please also indicate.

Name of family member:		Name of family member:	
Adult Formation	<input type="checkbox"/> _____	Mothers Prayers Group	<input type="checkbox"/> _____
Altar (Junior) Servers	<input type="checkbox"/> _____	Music Ministry	<input type="checkbox"/> _____
Baptism Preparation Group	<input type="checkbox"/> _____	Parish Playgroup	<input type="checkbox"/> _____
Bereavement Group	<input type="checkbox"/> _____	Piety Stall	<input type="checkbox"/> _____
Catechists (SREs)	<input type="checkbox"/> _____	Readers/Lectors	<input type="checkbox"/> _____
Children's Liturgy	<input type="checkbox"/> _____	RCIA	<input type="checkbox"/> _____
Church Flowers	<input type="checkbox"/> _____	Sacramental Programs	<input type="checkbox"/> _____
Church Money Counting	<input type="checkbox"/> _____	St Vincent de Paul Society	<input type="checkbox"/> _____
Community/Social Activities	<input type="checkbox"/> _____	Senior Servers/Acolytes	<input type="checkbox"/> _____
Ladies Group	<input type="checkbox"/> _____	Ushers/Welcomers	<input type="checkbox"/> _____
Legion of Mary	<input type="checkbox"/> _____	Young Adults (18-35 yrs)	<input type="checkbox"/> _____
Liturgy Group	<input type="checkbox"/> _____	Youth (<18 yrs)	<input type="checkbox"/> _____
Minister of the Eucharist	<input type="checkbox"/> _____	Other (describe) _____	<input type="checkbox"/> _____

Mary Immaculate Parish

Quakers Hill - Schofields

Postal Address: PO Box 267, Quakers Hill NSW 2763

Church Address: 125 Barnier Drive, Quakers Hill

Parish Office: 9626 3326 Fax: 9626 1613 Email: parishoffice@maryimmac.org.au



PLANNED GIVING CREDIT CARD AUTHORISATION

If you are not already contributing or would like to change the way you want to contribute to our Parish Planned Giving Scheme, would you like to do so now ?

Please **Tick ☒** your preferred method of contribution:

- ☐ via envelope system (*contact Parish Office - 9626.3326*)
- ☐ via credit card (*please complete details below and return to office*)
- ☐ via direct debit (*complete form on next page and return to office*)

I hereby authorise Mary Immaculate Parish (Planned Giving Account) to deduct the amount listed below from my credit card account, details as listed below, until further notice by me in writing.

Deductions will commence approximately four (4) weeks from date of signing.

PG Envelope Number (If applicable) _____

Amount authorised to deduct **Please Tick ☒**

☐ \$5.00 ☐ \$10.00 ☐ \$15.00 ☐ \$20.00 ☐ \$30.00 ☐ \$40.00 ☐ \$50.00

☐ Other \$ _____ (write amount)

Please Tick ☒

Per ☐ week ☐ fortnight ☐ monthly

Charge my: ☐ Mastercard ☐ Visa

Name: (*As it appears on the Credit Card*) _____

Card No: ____ / ____ / ____ / ____

Expiry Date: ____ / ____

Cardholder's Signature: _____

DIOCESAN DEVELOPMENT FUND

10 Victoria Rd, North Parramatta. PO Box 2605, North Parramatta, NSW, 1750

Ph: (02) 8839 4500 Fax: (02) 9683 6438 Email: enquiries@parraddf.org.au

DIRECT DEBIT REQUEST

DDF Client Number

Customer(s) authority

Name of Customer(s) giving the DDR

I/We

authorise and request the *Diocesan Development Fund* to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service Agreement (see following page).

Details of account to be debited

Name of the Financial Institution

Account Name

BSB number

Account number

Payment details

The payment is for **PLANNED GIVING**.

Agreed payment of \$ per ☐ week ☐ fortnight ☐ month

Commencing date / / until further notified by me/us in writing.

Reference to be quoted (e.g. Planned Giving Number)

Parish Name

I/We authorise the following:

1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution.
2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

Date / /

Customer Signature

Date / /

Customer Signature

Disclosure: The Diocesan Development Fund Catholic Diocese of Parramatta (DDF) (the Fund) is not prudentially supervised by the Australian Prudential Regulation Authority nor has it been examined or approved by the Australian Securities and Investments Commission. Therefore, an investor in the Fund will not receive the benefit of the financial claims scheme or the depositor protection provisions in the *Banking Act 1959* (Cth). Investments in the Fund are intended to be a means for investors to support the charitable, religious and educational works of the Catholic Diocese of Parramatta and for whom the consideration of profit are not of primary relevance in the investment decision. Furthermore, investors should be aware that neither the Fund nor the Trustees of the Roman Catholic Church for the Diocese of Parramatta is subject to the normal requirements to have a disclosure statement or Product Disclosure Statement or be registered under the *Corporations Act 2001* (Cth). CDPF Limited, a company established by the Australian Catholic Bishops Conference, has indemnified the Fund against any liability arising out of a claim by investors in the Fund."

DIRECT DEBIT REQUEST SERVICE AGREEMENT – TERMS & CONDITIONS

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited

Agreement means this Direct Debit Request Service Agreement between you and us, including the direct debit request

Business day means a day other than a Saturday or a Sunday or a listed public holiday

Debit day means the day that payment is due

Debit payment means a particular transaction where a debit is made, according to your direct debit request

Direct debit request means the Direct Debit Request between us and you

Us and we and our means the Diocesan Development Fund.

You means the customer(s) who signed the direct debit request

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. **Debiting your account:** By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account according to the agreement we have with you. We will only arrange for funds to be debited from your account:
 - as authorised in the *direct debit request*If the *debit day* falls on a day that is not a business day, we may direct your *financial institution* to debit your *account* on the following or previous *business day*. If you are unsure about which day your *account* has or will be debited, please check with your *financial institution*.
2. **Changes by you:** If you wish to stop or defer a debit payment your *written request must be received* at least 5 business days before the next debit day. This notice should be given to your parish in the first instance.
3. **Your obligations:** It is your responsibility to ensure that there are sufficient clear funds available in your *account* to allow a debit payment to be made. If there are insufficient clear funds available in your *account* to meet a debit payment:
 - you or your *account* may be charged a fee and/or interest by your *financial institution*;
 - you or your *account* may be charged a fee to reimburse us for charges we have incurred for the failed transaction;Please check your *account* statement to verify that the amounts debited from your *account* are correct.
4. **Dispute:** If you believe that there has been an error in debiting your *account* you should call your parish and confirm the details in writing with them as soon as possible so that your *parish* can resolve your query quickly.
5. **Accounts:** You should check;
 - with your *financial institution* whether direct debiting is available from your *accounts* offered by financial institutions.
 - your *account* details which you have provided to us are correct by checking them against a recent account statement; and
 - with your *financial institution* before completing the *direct debit request* if you have any queries about how to complete the *direct debit request*.Warning: if the *account* number you have quoted is incorrect, you may be charged a fee to reimburse our costs in correcting any deductions from:
 - an account you do not have authority to operate; or
 - an account you do not own.
6. **Confidentiality:** The fund and your parish will keep any information (including your *account* details) in your *direct debit request* confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. However, we may use your contact details to provide information about the fund. Should you wish this not to be the case, please advise the fund in writing.

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