

# MONTHLY GIVING AUTHORISATION FROM CREDIT CARD



CENTRE FOR  
Eye Research  
Australia

ABN 72 076 481 984  
Online

Name:

Address:

Phone:

Email:

Yes, I, wish to become a 'Sight Saver' by making an ongoing monthly donation to the Centre for Eye Research Australia of (please tick):

\$10

My choice of \$\_\_\_\_\_ (please specify amount)

I understand this amount will be debited from my credit card every month until further notice.

## Direct Debit Credit Card Authorisation

Please debit my/our credit card every month beginning \_\_\_\_\_ (please specify month) and at monthly intervals thereafter until further notice.

Credit Card (please tick):		Visa		MasterCard		American Express								
Card No:														
Expiry Date:														
Name on Card:							Signature:							

**Thank you. Your credit card will be debited on or around the 15<sup>th</sup> of each month.**

Please complete this form and return it to:

Eye Research Australia Foundation  
C/- Centre for Eye Research Australia  
Locked Bag 8  
East Melbourne VIC 8002

Receipts will be issued at the end of the financial year. Donations of \$2 or more are tax deductible.

**THANK YOU FOR YOUR SUPPORT!**

# MONTHLY GIVING AUTHORISATION FROM BANK ACCOUNT



CENTRE FOR  
**Eye Research  
Australia**  
ABN 72 076 481 984  
Online

Name:

Address:

Phone:

Email:

**Yes, I, wish to become a 'Sight Saver' by making an ongoing monthly donation to the Centre for Eye Research Australia of (please tick):**

\$10

My choice of \$\_\_\_\_\_ (please specify amount)

I understand this amount will be debited from my bank account every month until further notice.

## Direct Debit Bank Account Authorisation

*Request and Authority to debit the account named below to pay the Eye Research Australia Foundation*

Please debit my/our bank account every month beginning \_\_\_\_\_ (please specify month)  
and at monthly intervals thereafter until further notice.

Your Financial Institution Name and Branch:

Your Account Name:

BSB  
No:

Account  
No:

I/We request and authorise the Eye Research Australia Foundation (370414) to arrange a debit from my nominated account the amount that the Foundation has deemed payable by me. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my account held at the financial institution I have nominated and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

## Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the Centre for Eye Research Australia as set out in this Request and in the Direct Debit Request Service Agreement.

Signature:

(If signing for a company, sign and print your full name and capacity for signing, eg. Director.)

**Thank you. Your bank account will be debited on or around the 15<sup>th</sup> of each month.**

Please complete this form and return it to:

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C/- Centre for Eye Research Australia  
Locked Bag 8  
East Melbourne VIC 8002

Receipts will be issued at the end of the financial year. Donations of \$2 or more are tax deductible.

**THANK YOU FOR YOUR SUPPORT!**