

# Indigenous reading project - DONATION FORM

## 1 YOUR DONATION TYPE

Monthly  Once Only

## 2 YOUR DONATION AMOUNT

\$200  \$100  \$50  \$30  Other

## 3 YOUR DETAILS

First name	<input type="text"/>	Last name	<input type="text"/>
Email	<input type="text"/>	Date of birth	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>	Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>

## 4 YOUR PAYMENT METHOD

Credit Card

Card type  Mastercard  Visa  AMEX  Diners Club

Card number

Card holder's name  Expiry date  /

Signature \_\_\_\_\_ Date \_\_\_\_\_

Direct Debit

Account name	<input type="text"/>	Financial institution	<input type="text"/>
Branch	<input type="text"/>	Date of birth	<input type="text"/>
BSB number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Account number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Please read the Direct Debit Agreement on the following page before you sign.  
Both signatures are required for a joint account.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Direct Debit Agreement

By returning the above form I/we request Indigenous reading project (Irp) to arrange for funds to be debited from my/our account at the financial institution identified on the enclosed form and 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 Agreement following:

1. Direct Debiting is not available on every account. If in doubt, please ask your financial institution. If you wish to check your account details you will also need to contact your financial institution.
2. Your account will be debited on the 15th (fifteenth) of each month or the nearest working day. If Irp vary any of the debit arrangements we will provide you with 14 days' notice.
3. It is your responsibility to ensure sufficient clear funds are in the nominated account when payments are to be drawn. If the transaction is returned unpaid, Irp will contact you seeking your instructions.
4. Should you wish to cancel, defer or make alterations to the Direct Debit arrangement, please ring 1300 882 494 or write to Indigenous reading project, GPO Box 1593 Canberra ACT 2601 rather than your financial institution. We require 14 days' notice of request to cancel or alter your debit agreement.
5. Should you have any queries or dispute any Debit item, please contact Indigenous reading project or your financial institution.
6. Your records and account details will be kept private and confidential to be disclosed only if requested by yourself or the financial institution if a claim is made for an alleged incorrect or wrongful debit.

### 5 SEND YOUR FORM

Post:

Indigenous reading project  
GPO Box 1593  
Canberra ACT 2601

Fax:

1300 882 158

Scan + Email:

[donate@irp.org.au](mailto:donate@irp.org.au)