



# The Rotary Foundation of Rotary International

EVERY  
ROTARIAN  
EVERY  
YEAR

## CONTRIBUTION FORM

I wish to contribute to the Rotary Foundation through the Australian Rotary Foundation Trust to personally support our District's Humanitarian and Educational Programs.

Designation: EREY Centurion A\$100  Other Amount  PolioPlus

|  |                               |  |                                    |           |                          |             |                          |        |                          |
|--|-------------------------------|--|------------------------------------|-----------|--------------------------|-------------|--------------------------|--------|--------------------------|
| First Name:  |                               | Last Name:   |                                    |           |                          |             |                          |        |                          |
| Address:   |                               |  |                                    |           |                          |             |                          |        |                          |
| State:   | Post Code:                    | Tel: Mobile:   |                                    |           |                          |             |                          |        |                          |
| Email address:   |                               |  |                                    |           |                          |             |                          |        |                          |
| Rotarian? Yes / No   | Club:                         | District:  |                                    |           |                          |             |                          |        |                          |
| Rotary International Membership No: _____ (available from your Club Secretary)   |                               |  |                                    |           |                          |             |                          |        |                          |
| <b>Payment Details:</b>  |                               |  |                                    |           |                          |             |                          |        |                          |
| <b>Cheque</b>  | <input type="checkbox"/>      | (please make cheque payable to the Australian Rotary Foundation Trust) |                                    |           |                          |             |                          |        |                          |
| <b>Direct Debit</b>  | <input type="checkbox"/>      |  |                                    |           |                          |             |                          |        |                          |
| By signing this document I/We authorise The Australian Rotary Foundation Trust (ABN 55 218 421 934) and Debit User Number 352263 (the Debit User) to debit my / our account detailed in the Schedule below, through the Direct Debit System. I/we must pay when due under the arrangement between us. This authority is to remain in force until further notice. |                               |  |                                    |           |                          |             |                          |        |                          |
| BSB _____  |                               | Account No: _____  |                                    |           |                          |             |                          |        |                          |
| Name on Account: _____   |                               |  |                                    |           |                          |             |                          |        |                          |
| Name of Financial Institution: _____   |                               |  |                                    |           |                          |             |                          |        |                          |
| <b>Credit Card:</b>  | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/>                                    | (only Visa or MasterCard accepted) |           |                          |             |                          |        |                          |
| Card Number:   | ____ / ____ / ____ / ____     | Expiry Date:   | ____ / ____                        |           |                          |             |                          |        |                          |
| Cardholder's name:   | _____                         | Cardholders Signature:   | _____                              |           |                          |             |                          |        |                          |
| <b>Frequency:</b>  |                               |  |                                    |           |                          |             |                          |        |                          |
| Once Only  | <input type="checkbox"/>      | Monthly  | <input type="checkbox"/>           | Quarterly | <input type="checkbox"/> | Half Yearly | <input type="checkbox"/> | Yearly | <input type="checkbox"/> |
| Contact details: Bernie McIntosh<br>Chairman EREY Centurion Contributions<br>Phone: 8600 7999 Mobile: 0409 182 456   |                               |  |                                    |           |                          |             |                          |        |                          |
| PLEASE MAIL COMPLETED FORM WITH PAYMENT TO:<br>Bernie McIntosh, VMG, Level 4/377 Little Lonsdale Street, Melbourne 3000  |                               |  |                                    |           |                          |             |                          |        |                          |
| Donations over \$2.00 are Tax Deductible— <b>See Direct Debit Service Agreement Overleaf</b><br>Receipt will be issued by Rotary International South Pacific and Philippines Office Parramatta NSW   |                               |  |                                    |           |                          |             |                          |        |                          |

## DIRECT DEBIT SERVICE AGREEMENT

**Debit User's name: The Australian Rotary Foundation Trust ("we" or "us") with ABN 55 218 421 934.**

**Debit User's address: P.O. Box 1415, Parramatta, NSW 2124**

**UserID: 352263**

You have entered or are about to enter into an arrangement under which you make payments to us. You wish to make these payments by use of the Direct Debit System.

This agreement sets out the terms on which we accept and act under a Direct Debit Request ("your Direct Debit Request") you give us to debit amounts from your account under the Direct Debit System. It is additional to the arrangement under which you make payments to us.

Please ensure you keep a copy of this agreement as it sets out certain rights and obligations you have with us by giving us your Direct Debit Request.

### **When are we bound by this agreement?**

1. We agree to be bound by this agreement when we receive your Direct Debit Request complete with the particulars we need to draw an amount under it.

### **What we agree and what we can do?**

2. We will only draw money out of your account in accordance with the terms of your Direct Debit Request
3. On giving you at least 14 days notice we may:
  - Change our procedures in this arrangement;
  - Change the terms of your Direct Debit request; or
  - Cancel your Direct Debit Request
4. You may ask us to:
  - Alter the terms of your Direct Debit Request;
  - Defer payment to be made under your Direct Debit Request;
  - Stop a drawing under your Direct Debit Request; or
  - Cancel your Direct Debit Request by:

informing us of the change you require and the reason for the change. Please contact us by letter/fax. Our contact details are:

**The Australian Rotary Foundation Trust**

**P.O. Box 1415, Parramatta, NSW 2124**

**Fax: 02 9689 3169**

Stops and cancellations of your Direct Debit Requests can be directed to us or your own financial institution.

5. We will endeavour to resolve any dispute within 14 business days if the query is relating to a drawing.
6. We deal with any dispute under clause 5 of this agreement as follows:

We will investigate the dispute and if it is found that the amount has been debited in error we will refund you the disputed amount within 14 business days. Where it is found that the disputed amount has been debited correctly and in accordance to the terms of the Direct Debit Agreement, we will notify you of that outcome in writing within 14 business days.
7. If the day on which you must make any payment to us is not a business day, we draw on your account under your Direct Debit Request on the next business day.
8. We will not disclose to any person any information you give us on your Direct Debit Request, which is not generally available, unless:
  - You dispute any amount we draw under your Direct Debit Request, where we will be required to disclose your information to your financial institution in order to investigate the dispute;
  - You consent to that disclosure; or
  - We are required to disclose that information by law.

### **What you should consider:**

9. Not all accounts held with a financial institution are available to draw on under the Direct Debit System.
10. Before you complete your Direct Debit Request, it is best to check account details against a recent statement from your financial institution to ensure the details on your Direct Debit Request are completed correctly.
11. Please enquire of your financial institution if you are uncertain when your financial institution processes an amount we draw under your Direct Debit Request.
12. It is your responsibility to ensure there are sufficient clear funds available in your account, by the due date to enable us to obtain payment in accordance with your Direct Debit Request.