

## Mahamevnawa Buddhist Meditation Centre - Melbourne-West APPLICATION FOR YEARLY DONOR

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		M.NO	
Mr Mrs Miss First Name:			
Last Name:			
Street Address:			
Suburb: State	: Po:	st Code:	
Home Phone:	Mobile Phone:	Mobile Phone:	
Email Address:			
Are you a Member of Mahamevnawa Melbourne Monastery?  (if yes, please write down your membership number in the box above)  Yes No			
I would like to make a Monthly Contribu	stion of \$25    \$50	\$75 \$100	
My sponsor dates are			
Cash Cheque	Direct Debit	EFT	
Signature: Date:			
If your preferred payment method is <b>Direct Debit</b> , please fill in the following details:			
I request that monies due in terms of the payment arrangements with Mahamevnawa Buddhist Meditation Centre be drawn under the Direct Debit System from my/our account conducted with:			
Name and branch of financial institution:			
BSB:			
Account No:			
Account Name:			
Payment Amount:			
NOTE: Please check with your Financial Institution to ensure that Direct Debiting from your account is allowed			
•	(2)		
Signature(s): (1)(If ioin			
(If joint account all signatures are required)  Payment Start Date:			
Payment Frequency: Monthly			
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## **DIRECT DEBIT PAYMENTINSTRUCTIONS**

Your commitment to us, your responsibilities:

Signature: .....

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on the nominated date of each month and that funds will remain in the nominated account until the direct debit amount has been debited from the account in order to avoid a dishonour fee.

You may suspend payment of a drawing by giving written notice to us. Such notice should be received by us at least 5 business days prior to the due date.

You may request change to the drawing amount and/or frequency of drawings by contacting us and advising your requirements no less than 5 business days prior to the due date.

It is your responsibility to advise us if the account nominated by you to receive the drawings is transferred or closed

Signature(s): (1)		(2)	
(If joint account all signatures are required)			
Office use only <u>Approvedby:</u>			

May the triple gem bless you

462 DUNCANS ROAD, WERRIBEE SOUTH, VIC 3030 Tel: 03 9748 7862; Email: info@mahamevnawamel-west.org.au

Date: .....