



# Direct Debit Request



I/We request you, Australian Society for Indigenous Languages Incorporated ABN 66 763 306 359, to debit funds from my/our nominated account at the financial institution shown below according to the details specified below.

## Contact Details

First Name: .....

Surname: .....

Address: .....

City/Suburb: ..... Postcode: .....

Phone: ..... Mobile:.....

Email: ..... Email Receipt? Yes:  No:

## Financial Institution Details

Account-holder (name of account): .....

Financial Institution Name and Branch: .....

BSB \_\_\_\_-\_\_\_\_-\_\_\_\_ Account Number:.....

## Direct Debit Details

Commencing:

immediately OR  in the month of:..... *(tick one option)*

and continuing:

until further notice OR expiring in .....(month) ..... (year)

You are authorised to debit \$ ..... from the above account every:

month OR every ..... months *(please specify frequency)*

## Gift Allocation

Please indicate how you wish your gift to be allocated (may be to more than one person or project).

I/we want the amount to be allocated to SIL Members or Projects as follows:

	Amount
	\$
	\$
	\$
<b>TOTAL:</b>	\$

## Authorisation

Your Signature(s): .....

NOTE : If debiting from a joint bank account, all signatures may be required. DATE: ...../...../.....