



Mahamevnawa Buddhist Meditation Centre
APPLICATION FOR YEARLY DONOR
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M.NO

Mr Mrs Miss First Name:

Last Name:

Street No and Name:

Suburb: State: Post Code:

Home Phone: Mobile Phone:

Email Address:.....

Are you a Member of Mahamevnawa Melbourne Monastery? Yes No
 (if yes, please write down your membership number in the box above)

I would like to make a Monthly Contribution of

My sponsor dates are

Cash

Cheque

Direct Debit

EFT

Signature:

Date:

If your preferred payment method is direct debit, 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:

.....

Account details are:

BSB:

Account No:

Account Name:

Payment Amount:

(Please check with your Financial Institution to ensure that Direct Debiting from your account is allowed).

I/We acknowledge that the debit amount will be debited from my/our account as per my request and the terms and conditions of the Direct Debit Request

Signature(s): (1) (2)

(If joint account all signatures are required)

Payment Start Date: (Please allow 5 working days for processing)

Payment Frequency: Monthly

DIRECT DEBIT PAYMENT INSTRUCTIONS

Your commitment to us, your responsibilities:

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 dishonor 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

I/we have read and fully understand the terms and conditions of the Direct Debit Request.

Signature(s): (1) (2)

(If joint account all signatures are required)

Office use only

Approved by;

Signature:

Date:

Submit Form

Print Form

May the triple gem bless you

71 MONBULK ROAD, MOUNT EVELYN, VIC 3796 TEL: 03 9733 6937

Kindly email us the completed form to info@mahamevnawa.org.au