



FRIENDS OF ICV

Regular donation form

Reconciliation in action

1 Your monthly donation

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

2 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"/>	Address 2	<input type="text"/>
Town/Suburb	<input type="text"/>	Postcode	<input type="text"/>
State/Territory	<input type="text"/>		

3 Your payment method

Credit card method

Cardholder's name Expiry date

Card number

Card type Mastercard VISA AMEX Diners Club

Signature _____

Direct debit method

Account name Financial institution

Branch / location

BSB number Account number

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

Direct Debit Agreement

Direct Debit Request. By returning the above form I/we request Indigenous Community Volunteers 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 the full range of accounts. If in doubt, please refer to your financial institution.
2. You are advised to check your account details by contacting your financial institution.
3. Your account will be debited on the 20th (twentieth) of each month or the nearest working day.
4. 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, we will contact you seeking your instructions.
5. Should you wish to cancel, defer or make alterations to the Direct Debit arrangement, please ring (02) 6122 6444 or write to Indigenous Community Volunteers, GPO Box 2213, Canberra ACT 2601 or your financial institution. We will give you 14 days' notice if we vary any of the debit arrangements.
6. Should you have any queries or dispute any Debit item, please contact Indigenous Community Volunteers or your financial institution.
7. 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.

Signature _____

Date _____

Signature _____

Date _____

4 Send your completed form

By post

Indigenous Community Volunteers
GPO Box 2213
Canberra ACT
2601

Or by fax

(02) 6122 6470