Authority
For Periodical Deductions

Manager Marketing & Strategy
Ability Centre
106 Bradford St
COOLBINIA WA 6050

commencing on ……. please debit my credit card account
[insert date]

☐ Mastercard ☐ Visa

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ……/…….

with the sum of …… [$…….]
[amount in words]

each month until * ……..
***** Insert date of final withdrawal **or** "further notice"

and place the amount to the credit of Ability Centre [ABN 79 057 702 959] with the Commonwealth Bank, Beaufort St, Mount Lawley, such sum being a donation to Ability Centre.

I understand that this authority will remain effective until date of final withdrawal as stated above or until written notice of such revocation is received by Ability Centre.

……..
[Please print name and address clearly]

……

…… …… ……
[Phone] [Mobile] [Email]

…… ……
[Signature] [Date]

Please complete and return to Manager Marketing & Strategy, Ability Centre 106 Bradford Street, Coolbinia, 6050.