



DIRECT DEBIT ORDER FORM

YES, I WOULD LIKE TO SUPPORT THE DEAF LOTTERY

YOUR SUPPORTER NO.
(Please supply if available)

Please send me a \$ book of tickets in each draw

until further notice **OR** in the next ___ lotteries

Commencing this lottery **OR** next lottery

TICKET BOOK DOLLAR VALUE

Book(s) of 50 Tickets =	\$100
Book(s) of 25 Tickets =	\$50
Book(s) of 15 Tickets =	\$30
Book(s) of 10 Tickets =	\$20
Book(s) of 5 Tickets =	\$10
Minimum transaction for direct debit = \$10	

Please send the lottery results immediately after the draw to my email address below

Email Address:

THE FIRST PRIZE OPTION I LIKE BEST IS NUMBER:
(not binding - for survey purposes only)

Direct Debit Request

I/We request Deaf Lottery [Direct Debit User ID 362215] to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Name to appear on tickets

Address

Phone

() **Postcode**

Signature(s)

If debiting from a joint bank account, both signatures are required

Date

Full Name of Account

Name and Branch of Financial Institution

BSB No.

Account Number

Commencing

This Lottery / Next Lottery (delete one)

Please debit

\$ _____: as per order form above

Please Note: Automatic Direct Debits will be charged in the 2nd week of January, March, May, July, September and November.