

## DIRECT DEBIT ORDER FORM – Yes, I would like to support The Deaf Lottery Australia

**YOUR SUPPORTER NO.**  
(Please supply if available)

The 1st Prize Option I like best is number

(Not binding - for survey purposes only)

Please send me a \$\_\_\_ book of tickets in each Lottery

until further notice **OR**  in the next \_\_\_ Lotteries

Commencing  this Lottery **OR**  next Lottery

Please email me the Lottery Results and special Prize Offers

Email: \_\_\_\_\_

### TICKET BOOK DOLLAR VALUE

Book(s) of 100	Tickets = \$200
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 complete and send to Reply Paid 3025, Stafford DC, QLD 4053 (no postage stamp required) or email [directdebits@deaflottery.com.au](mailto:directdebits@deaflottery.com.au). Please print and retain a copy of the service agreement for your records.*

### Direct Debit Request

I/We request The Deaf Lottery Australia [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 number**

**Account number**

**Commencing**

**Please debit** \$ \_\_\_\_\_: as per order form above

**Please Note:** Automatic Direct Debits will be charged seven times per year. See attached calendar for Debit dates.

## Customer Direct Debit (DDR) Service Agreement

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between The Deaf Lottery Australia [Direct Debit User ID 362215] and you. It sets out your rights, our commitments to you and your responsibilities to us, together with where you should go for assistance.

### Our commitment to you

#### Initial terms of the arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically Debit your nominated account for the agreed amount for the purchase of tickets in The Deaf Lottery.

#### Debiting arrangements

- The first Debit under this Direct Debit arrangement will occur immediately or as stated on the Direct Debit Request form.
- We will give you at least 14 days notice in writing when changes to the initial terms of the arrangement are made. This notice will state any changes to the initial terms.
- We will promptly deal with any queries you have regarding Debits to your account.

### Your rights

#### Changes to the arrangement

If you want to make changes to the debiting arrangements, contact us by phone, fax, mail or email. See our contact details below. These changes may include:

- \* Deferring the Debit; or
- \* Altering the schedule; or
- \* Stopping an individual Debit; or
- \* Suspending the DDR; or
- \* Cancelling the DDR completely.

#### Enquiries

Direct all enquiries to us, rather than to your financial institution. Any changes should be made at least five (5) working days prior to the next scheduled Debit date. All communication addressed to us should include your Deaf Lottery Supporter Number.

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the Debit to your nominated account.

If you believe that a Debit has been initiated incorrectly, contact us immediately by phone (freecall), mail or email, with full details, including your Deaf Lottery Supporter Number.

If we are unable to rectify an error to your satisfaction, contact your financial institution who will respond to you with an answer to your claim.

You will receive a refund should an amount be incorrectly debited.

Note: Your financial institution will ask you to contact us to resolve any disputed Debit prior to involving them.

### Your commitment to us

It is your responsibility to ensure:

- your nominated account can accept Direct Debits (your financial institution can confirm this); and
- on the debiting date there is sufficient cleared funds in the nominated account; and
- you advise us if the nominated account is transferred or closed.

### To contact us

**Phone (Freecall):** 1800 773 678  
**Mail:** PO Box 3025, STAFFORD DC, QLD 4053  
**Email:** [directdebits@deaflottery.com.au](mailto:directdebits@deaflottery.com.au)



# Your 2018 Lottery Calendar

MORE Prizes. MORE Choice. MORE Rewards.



JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

■ Kick-Off Early Bird Draw
 ■ Half-Time Early Bird Draw
 ■ Full-Time Early Bird and Major Prize Draws
 ■ Weekly Cash Draws\*
 ■ Tickets Debited

Contact us



1800 773 678



www.deaflottery.com.au



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