



STEP 4

Electronic Funds Transfer (EFT) Application

Please complete the following information to authorise the transfer of funds to your nominated account. This will allow us to transfer donations directly to your account at the end of each month. **IMPORTANT:** Please also send an **Original Deposit Slip or Bank Statement by POST** showing your account details so we can validate your account – we will not transfer any funds to your account until we can authenticate your account details.

Organisation Information

Contact person:

Position:

Organisation name:

ABN:

Postal Address:

Suburb:

State:

P/code:

Email Address:

Contact Phone:

Contact Fax:

Bank Information

Name of Account:

Bank Name:

Bank Address:

BSB Code:

Account Number:

Signed for Donee by its authorised representative:

Signature:

Name:

Position:

Date:

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Complete and return to Donations Officer
Our Community, PO Box 354 North Melbourne VIC 3051 or Fax to: 03 9326 6859