## **Authority For Periodical Deductions**



Philanthropy Manager Ability WA 106 Bradford St COOLBINIA WA 6050

commencing on please debit my cred	dit card account
Mastercard Visa	
Card Number	
Expiry Date/	
with the sum of[\$.	]
each month until **  * Insert date of final withdrawal or "further notice"	
and place the amount to the credit of Ability WA [ABN 79 the Commonwealth Bank, Beaufort St, Mount Lawley, donation to Ability WA.	_
I understand that this authority will remain effective withdrawal as stated above or until written notice of received by Ability WA.	
. [Please print name and address clearly]	
[Phone] [Mobile] [Email	1]
[Signature] [Date]	

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