



ABN 73 097 317 122
ACN 097 317 112

Western Port Marina, Mullet St, Hastings VIC 3915
PO Box 77, Hastings VIC 3915

Telephone **1300 130 949**
Facsimile **03 5979 7150**

Email admin@dolphinresearch.org.au
Web Site www.dolphinresearch.org.au

Request to become a Special Partner
By debiting amounts to accounts by the **Direct Debit System**

Insert Name and Address of Financial Institution where account is held Insert your name in full Customer Signature (s) Customer Address	Institution _____ Address _____ _____ I / We _____ (<i>Surname or Company/Business Name</i>) (<i>Given Names or ACN/ABN</i>) Request you until further notice in writing, to debit my/our account described in this schedule below any amounts which Dolphin Research Institute (The User), (User ID 068070) may debit or charge me/us through the Direct Debit System. I / We understand and acknowledge that: 1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate. 2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits. 3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits. _____ _____ _____ State _____ Postcode _____
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The Schedule

Insert name of Account which is to be debited BSB Number Account Number	_____ - - - - - - - - - - Date: _____
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Please Note:
Direct Debiting is not available on the full range of accounts. If in doubt please refer to your financial Institution

Please attach to your Adoption or Renewal form and forward to DRI at the address above. Thank you.

Special Partner donations are processed on the 27th of every month excluding December; December donations are processed during the first working week of January. One receipt is provided at the end of each financial year. Please note that the Dolphin Research Institute accepts no responsibility for fees and charges that may be incurred by a lack of sufficient funds. Any alteration or cancellation of direct debit arrangements is required in writing.