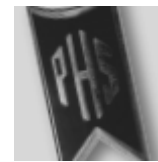




**R. I. DISTRICT 9680
PAUL HARRIS SOCIETY
COMMITMENT FORM**



First name.....Last Name.....

Home Address.....

State NSW Post Code.....Tel:..... Date...../...../.....

E-mail address:

Rotary Club of:

Your R I Membership Number.....Club Number.....(Both available from your Club Secretary)

1. I would like to personally support the great humanitarian programs of The Rotary Foundation of Rotary International by becoming a member of the Paul Harris Society (\$US 1,000 per year). Please check the current currency conversion rate (\$A950 as of June 2011)
2. I understand that my donation is tax deductible. Receipts will be issued from Rotary International office, Parramatta.
3. I understand that the membership is on a financial year basis, and that I will be asked to renew my membership on 15 May each year for the coming financial year unless I have already made my renewal payment.
4. All initial donations will receive a Paul Harris Society pin as appropriate.
5. I understand this membership is a **commitment for 10 years at US\$1,000 per annum. Total US\$10,000 tax deductible.**

I wish to become a member - Paul Harris Society Membership \$US 1,000 (\$A950 as of June 2011)

Please send me information about making a provision in my will (not tax deductible)

PAYMENT DETAILS: All amounts in **Australian** currency \$_____ Please choose Payment Method

A) Cheque Made payable to **The Australian Rotary Foundation Trust.** Mail to address below.

B) Direct Debit Please read **Direct Debit Terms & Conditions** overleaf.

By signing this document, I/We authorise: THE AUSTRALIAN ROTARY FOUNDATION TRUST with ABN 55 218 421 934 and with Debit User Number 352263 the Debit User, to debit my/our account, detailed in the Schedule below, through the Direct Debit System. I/we must pay you when due under the arrangement between us. This authority is to remain in force until further notice.

BSB Account Number

NAME ON ACCOUNT:

NAME OF FINANCIAL INSTITUTION:

Frequency Preferred Calendar Date (Default is each May)

Once only **OR** Yearly Half Yearly Quarterly Monthly

SIGNATURE: Date:/...../.....

C) Credit Card MASTERCARD VISA

Name on Card

Card No _____/_____/_____/_____ **EXPIRY DATE:**/.....

SIGNATURE: Date:/...../.....

Frequency Preferred Calendar Date _____ (Default is each May)

Once only **OR** Yearly Half Yearly Quarterly Monthly

Please return completed form to: PP Lindsay May PO Box 255 Rydalmere NSW 1701 Fax: 9966 0776

or PP Margaret Dean, PO Box 438, Turrumurra, NSW 2074 Fax 9988 4552

Email: lindsaymay@live.com.au or Margaret.Dean@healthroundtable.org

DIRECT DEBIT SERVICE AGREEMENT

Debit User's name: The Australian Rotary Foundation Trust ("we" or "us")
address:
With ABN 55 218 421 934
Parramatta, NSW 2124

Debit User's
P.O. Box 1415,

User ID: 352263

You have entered or are about to enter into an arrangement under which you make payments to us. You want to make those payments by use of the Direct Debit System.

This agreement sets out the terms on which we accept and act under a Direct Debit Request ("your Direct Debit Request") you give us to debit amounts from your account under the Direct Debit System. It is additional to the arrangement under which you make payments to us.

Please ensure you keep a copy of this agreement as it sets out certain rights and obligations you have with us by giving us your Direct Debit Request.

When are we bound by this agreement.

1. We agree to be bound by this agreement when we receive your Direct Debit Request complete with the particulars we need to draw an amount under it.

What we agree and what we can do.

2. We only draw money out of your account in accordance with the terms of your Direct Debit Request
3. On giving you at least 14 days notice we may:
 - Change our procedures in this arrangement
 - Change the terms of your Direct Debit request; or
 - Cancel your Direct Debit Request
4. You may ask us to:
 - Alter the terms of your Direct Debit Request
 - Defer payment to be made under your Direct Debit Request;
 - Stop a drawing under your Direct Debit Request; or
 - Cancel your Direct Debit Request by:

Informing us of the change you require and the reason for the change. Please contact us by letter/fax. Our contact details are:

The Australian Rotary Foundation Trust
P.O. Box 1415, Parramatta, NSW 2124

Fax: 02 8894 9899

Stops and cancellations of your Direct Debit Requests can be directed to us or your own Financial Institution.

5. We will endeavour to resolve any dispute within 14 business days if the query is relating to a drawing.
6. We deal with any dispute under clause 5 of this agreement as follows:
We will investigate the dispute and if it is found that the amount has been debited in error we will refund you the disputed amount within 14 business days. Where it is found that the disputed amount has been debited correctly and in accordance to the terms of the Direct Debit Agreement, we will notify you of that outcome in writing within 14 business days.
7. If the day on which you must make any payment to us is not a business day, we draw on your account under your Direct Debit Request on; **The next business day.**
8. We will not disclose to any person any information you give us on your Direct Debit Request, which is not generally available, unless:
 - You dispute any amount we draw under your Direct Debit Request, where we will be required to disclose your information to your Financial Institution in order to investigate the dispute;
 - You consent to that disclosure; or
 - We are required to disclose that information by law.

What you should consider

9. Not all accounts held with a financial institution are available to draw on under the Direct Debit System.
10. Before you complete your Direct Debit Request, it is best to check account details against a recent statement from your financial institution to ensure the details on your Direct Debit Request are completed correctly.
11. Please enquire of your financial institution if you are uncertain when your financial institution processes an amount we draw under your Direct Debit Request.

12. It is your responsibility to ensure there are sufficient clear funds available in your account, by the due date to enable us to obtain payment in accordance with your Direct Debit Request.