



# Sleep Disorders Australia

ABN 98 075 427 459

PO Box 303 Roseville NSW 2069

www.sleepoz.org.au

## OFFLINE METHODS OF PAYMENT

**Direct Deposit** – This is our preferred method, as there are no fees and less administration involved. If you choose this method, please quote your surname on the deposit description, and send an email message to [treasurer@sleepoz.org.au](mailto:treasurer@sleepoz.org.au), giving the date and amount of your deposit, and your current address for a receipt. Direct deposits can be made electronically, or over the counter at any branch of the Commonwealth Bank.

Bank: Commonwealth Bank of Australia  
Branch: Roseville  
BSB: 062-240  
Account: 1001 8178  
Account Name: Sleep Disorders Australia

**Cheque** – If you would prefer to send a cheque, please post it to our Treasurer at the address below, and include details of the payment (eg, subscription, donation) and the return address for us to send you a receipt.

Treasurer  
Sleep Disorders Australia  
165/9 Crofts Avenue  
HURSTVILLE NSW 2220

**Credit Card** – We can also accept payment by Visa or Mastercard. If you would like to pay by credit card, but did not want to use the PayPal facility, please complete the form below, and post it to the Treasurer at the address above.

Please debit my credit card account for the above amount. (MasterCard or Visa only)

Account Number.												Expiry Date					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name for Receipt \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_