Attach remittance advice here

DIRECT DEBIT AUTHORITY

RETURN TO

Sandhurst Club Ltd – 75 Sandhurst Blvd Sandhurst Vic 3977

Date Form Recd. _____

ACKNOWLEDGEMENT

This is a request and authority to debit the account named below to pay Sandhurst Club Ltd. In signing this Direct Debit Authority I acknowledge that I have read and understood the terms and conditions governing arrangements between myself and Sandhurst Club Ltd as set out in this Authority and in my Direct Debit Service Agreement. Service Agreement is available on the Club's website
http://www.sandhurst.com/Club%20Information%20Library%20%20Members/10110%20DDR%20Service%20Agreement%20Sandhurst.pdf

PAYMENT SCHEDULE

Payments will be made in accordance with the direct debit schedule. In the event this Authority is received after the 1st July, payments will be made in accordance with a pro-rata schedule which ClubLINKS will inform you of prior to your first instalment.

REQUEST & AUTHORITY TO DEBIT

I _____ _____
Given Name / Company Name Surname / ABN

request and authorise Sandhurst Club Ltd (*Debit User Identification Number 260286*) to debit any amounts specified on the payment schedule through the Bulk Electronic Clearing System from the account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Service Agreement (and any further instructions provided in this Authority).

MY FINANCIAL INSTITUTION

Financial Institution Name _____ Address _____

MY ACCOUNT DETAILS

OPTION 1 – Bank Account

Account Name _____

BSB | | | | | | | Account Number | | | | | | | | |

OPTION 2 – Credit Card

Name on Card _____

Card Type Amex / Mastercard / Visa

Card Number | | | | | | | | | | | | | | | | |

Expiry Date | | | | M M Y Y

Remittances MUST be attached to the Direct Debit Authority. If you have multiple subscription invoices please ensure ALL remittances are attached to this Authority form. Failure to attach remittance(s) will delay in processing your Authority.

MY SIGNATURE

If signing for a company please sign and print your full name and capacity for signing (eg. director).

Signature _____ Print Name _____

Address _____

Email _____