

DIRECT DEBIT AUTHORITY CHANGE OF DETAILS

10-11

Return To Sandhurst Club Ltd
Clublinks Pty Ltd C/- PGA National Office
600 Thompson Road SANDHURST VIC 3977
Fax 03 9639 2244

Email accounts@clublinks.com.au

Date Form Recd.

Please include all membership numbers affected by this change

Membership Number	002=																		
	002=																		
	002=																		
	002=																		

ACKNOWLEDGEMENT

This is a change 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.

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

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 Account Number

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OPTION 2 – Credit Card

Name on Card _____

Card Type Amex / Mastercard / Visa

Card Number

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Expiry Date

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M M Y Y

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 _____



Sandhurst Club Ltd ABN 61 083 181 364

