

Member ID:

Direct Debit Request

DDR001C

REQUEST & AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY:

Company:

ABN

Trading as (Home Club): Fernwood Women's Health Club

Address:

Phone:

Request & Authority to Debit	Surname or company name Given names or ACN/ABN Request and authorise Fernwood Home Club (debit user ID) to arrange, through its own financial institution, to debit or charge any amount permitted in accordance with the Terms and Conditions of my membership through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Direct Debit user, subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).
Name and address of financial institution at which account is held	Financial institution name Address
Insert details of account to be debited	Name of Account BSB number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Must be 6 digits) Account Number <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"/> (No more than 9 digits)
Commencement of Debits	The first debit to be made on / /
Payment Schedule	For debits from your account, please refer to the attached Future Payment Schedule.
Acknowledgement	By signing this Direct Debit Request I acknowledge that I have read and understood the terms and conditions governing the debit arrangements between myself and Fernwood Home Club
Insert your name	Name Signature _____ Date ____/____/_____ _____ If signing for a company, sign and print full name and capacity for signing (eg director) Address:

Credit Card Option

Visa

MasterCard

Diners

AMEX

Bankcard

Other

Card Holder Name

Card Expiry /

Card Number

Where a credit card account has been nominated, I hereby authorise the Fernwood Women's Health Clubs to debit my credit card with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services as permitted by the Terms and Conditions of my membership agreement or the Direct Debit Service Agreement, to alter the amount from the appropriate date in accordance with such a change. This authority shall stand in respect of the specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify Fernwood Women's Health Clubs in writing of its cancellation.

Signature of Card Holder _____ Date ____/____/_____