

# DIRECT DEBIT REQUEST

DDR001C

Member ID

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

Company **Fernwood Women's Health Club Pty Ltd**

ABN **39093200901**

### REQUEST & AUTHORITY TO DEBIT

Surname or Company Name

Given Names or ACN/ABN

Request and authorise Fernwood (Direct User ID 198708 ) (ABN 39093200901) 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).

### OPTION 1 BANK ACCOUNT

Name & address of financial institution at which account is held

Insert details of account to be debited

Financial Institution Name

Address

Account Name

BSB No.  Account No.   
MUST BE 6 DIGITS NO MORE THAN 9 DIGITS

### OPTION 2 CREDIT CARD

Card Holder Name

☐ Visa ☐ Mastercard ☐ Bankcard ☐ Other

Card No.

Card Expiry  /

CVV No.

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

### 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 Women's Health Clubs

Name

Address

Signature

Date

If signing for a company, sign and print full name and capacity for signing (e.g. Director)