



GAILES GOLF CLUB INC.
299 WILRUNA STREET
WACOL
QLD 4076
P: 07 3271 2333
F: 07 3271 3766

Direct Debit Request

Membership No. _____

Request and Authority to debit the account named below to pay

GAILES GOLF CLUB INC

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

Request and authorise **GAILES GOLF CLUB INC.** to arrange, through its own financial institution, a debit to your nominated account any amount **GAILES GOLF CLUB INC.** has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert the name and address of financial institution at which account is held
Insert details of account to be debited**

Financial institution name _____

Name/s on account _____

BSB number (Must be 6 Digits): |_|_|_|_|_| - |_|_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Payment Details

The maximum amount to be debited at any one time \$ _____.

The first debit will be made on 15 /... / ... and at monthly intervals after that.

If your debit date falls on a weekend or public holiday, your account will be debited on the following business day.

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **GAILES GOLF CLUB INC.** as set out in this Request and in your Direct Debit Request Service Agreement.

Please Note: Members who choose to pay their subscription by instalments remain liable for the full 12-month subscription without exception.

Insert your signature and address

Signature _____

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

Address _____

Date ___ / ___ / ___