

Clubs SA
222a Henley Beach
Torrensville SA 5031
P: 08 8290 2200



Direct Debit Request

Request and Authority to debit the account named below to pay Licensed Clubs' Association of South Australia Inc.

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you" request and authorise **Clubs SA [User ID: 509695]** to arrange, through its own financial institution, a debit to your nominated account any amount **Clubs SA** 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

Financial institution name _____

Address _____

Insert details of account to be debited

Name/s on account

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

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

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 **Clubs SA** as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Details

The first debit of \$.....will be made on ___ / ___ / _____ and at

Weekly Fortnightly Monthly intervals for payments

Insert your signature and address

Signature _____

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

Address _____

Date ___ / ___ / ___ **Contact Phone no**.....

Second account signatory (if required)

Signature _____

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

Address _____

Date ___ / ___ / ___ **Contact Phone no**.....