



Direct Debit Request

**Request and Authority to debit the account named below to pay
Rich River Golf Club Ltd**

Request and Authority to debit

Christian name _____
Surname name _____
Membership No. _____

request and authorise *Rich River Golf Club [Debit User Identification Number 268659]* to arrange, through its own financial institution, for any amount *Rich River Golf Club* may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].

Account details

Financial institution name _____
Name of account _____
BSB number |_|_|_| - |_|_|_|_|
Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Acknowledgment

Members who choose to pay their subscriptions by instalments remain liable for the full subscription. If you resign from the Club in the year which you have elected to pay your subscription by instalments, you remain liable to pay the balance of the outstanding subscription for that year.

Payment details

This direct debit agreement has 10 instalments starting in October and ending in July. The first debit will occur on the first working day of the month and at monthly intervals after that.

This Direct Debit Agreement will continue and automatically roll over each year unless cancellation is received in writing prior to the final instalment of current payment plan or until you cease to be a member of Rich River Golf Club.

Important Note: Please make sure sufficient funds are available on the 1st day of each month to avoid your membership being suspended.

An annual admin fee of \$30 applies to each payment plan.

Insert your signature

By signing this Direct Debit Request, you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and *Rich River Golf Club* as set out in this Request and in your Direct Debit Request Service Agreement.

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

Date ___ / ___ / ___