

# BLACKWOOD GOLF CLUB INC

PO Box 1015 Blackwood SA 5051  
Telephone: (08) 8388 2313 Facsimile: (08) 8388 2155  
Email: [info@blackwoodgolf.com.au](mailto:info@blackwoodgolf.com.au)  
ABN 60 086 867 885

## DIRECT DEBIT REQUEST

Date \_\_\_\_\_

I/we \_\_\_\_\_  
(surname) (given name)

Request that, until further notice in writing, you debit my/our account/credit card described below, any amounts which **Blackwood Golf Club Inc.** ("the user") User ID number: **069005**, may debit or charge me/us through the Direct Debit System. I/we understand and acknowledge that:

1. The Financial Institution may in its absolute discretion determine the order of priority of payment of any monies pursuant to this request or any authority or mandate.
2. The Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits.

Customer  
Signature(s) \_\_\_\_\_  
(if joint account both signatures may be required)

Please be aware that direct debit arrangements shall see all fees, levies and sundry amounts due and payable in the first installment and subsequent payments shall be the balance of golfing membership subscriptions and direct debit fees only.

Account name/s	_____
	(for example, J Q Citizen. Do not enter the account type, such as cheque, savings etc.)
BSB Number:	_____
	(6 digits)
Account Number:	_____
	(Maximum 9 digits)

OR

Card Type	Visa ___ MasterCard ___ Amex ___ Diners ___ CVV* ___ ___ ___ ___ Exp ___ ___ / ___ ___
Card Number	_____

Direct Debit Frequency (check one box) Monthly  \$7.50 p/month Quarterly  \$15.00 p/quarter

### To Blackwood Golf Club Inc

I/we agree

- to pay all my/our Blackwood Golf Club Inc subscriptions by Direct Debit from my/our account;
- to authorise you to advise my/our nominated Financial Institution through the Direct Debit system of the subscription amounts to be debited from my/our account and the subscription payment dates on which such amounts are to be debited;
- that this Direct Debit arrangement will remain in force until I/we advise you in writing of my/our termination of this authority or you notify me/us in writing that you have terminated this authority;
- that if a rejected payment occurs, I/we will be liable to pay you any charge levied by your Financial Institution to you together with an amount to cover your administration costs;
- not to hold you liable, other than where you are negligent, for any loss which I/we may suffer as a result of this Direct Debit arrangement.

Signature  
of Member: \_\_\_\_\_

\* Card Verification Value: 3 digit security code on the back of Visa/MasterCard/Diners cards and 4 digit code on the front of Amex cards