



# Credit Card Authority

Document No.

200902

Customer No.

## Customer Details

Surname/Co. Name:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Email:	<input type="text"/>

## Amount and Frequency of Direct Debit

Direct Debit Amount:	<input type="text"/>	including/excluding* applicable fees and charges
Frequency:	<input type="text"/>	
First Direct Debit Date:	<input type="text"/>	
No of Direct Debits:	<input type="text"/>	

## Direct Debit From Credit Card

Card Name:	<input type="text"/>		
Card Number:	<input type="text"/>	Expiry:	<input type="text"/>

I/We request and authorise eDebit Pty Ltd to debit from the above credit card the above direct debit amount at the above frequency for the minimum number of direct debits stated and thereafter until cancelled in writing by me/us.\*

I/We, understand and agree that;

- 1 This authority cannot be cancelled until after the minimum number of direct debit amounts.
- 2 eDebit Pty Ltd may vary the direct debit amount or debit date, and
- 3 eDebit Pty Ltd may forward all notices to me by email or at the above address until further notice in writing.

Signature of Card Holder

Date / /

Signature of Joint Card Holder

Date / /

\*Delete as required

Cougars Weightlifting Club - Office Use ONLY

Staff Name:

Acc Verified:

Photo ID: