

## DIRECT DEBIT REQUEST

Please complete this Form B along with Form A for new Affiliate Applications

We, (CLUB NAME) \_\_\_\_\_

Authorise The Garden Clubs of Australia Incorporated, **User Id 069621** to arrange for funds to be debited from our account at the financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System.

This authorisation is to remain in force in accordance with the terms described in the attached Direct Debit Request Service Agreement.

We request that you debit our account in accordance with our Agreement.

### To be signed by account signatories.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Details of the Account to be debited

Name of the Financial Institution: \_\_\_\_\_

Club Account Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Direct Debit payments are for Annual Affiliation Fees, Annual Magazine Subscriptions and Insurance Premiums. Direct debit dates and dollar values will be advised in writing at least 30 days before the due date.

**The club acknowledges receiving and reading the Direct Debit Request Service Agreement and agrees to its terms. The Direct Debit arrangements continue until ended as set out in the Service Agreement.**

### To be signed by Club Signatories

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Complete this form and return to:

**The Garden Clubs of Australia Inc.**  
**11 North Terrace, Dapto NSW 2530**

Email: [treasurer@gardenclubs.org.au](mailto:treasurer@gardenclubs.org.au) Enquiries: Phone the treasurer on 02 4260 8364 or 0408415748

Office use only  
GCA List Number: \_\_\_\_\_ Date Posted: \_\_\_\_\_ Dated Advised: \_\_\_\_\_

Prepared by:	Shirley Haslam	Document Status:	Final
		Review Date:	31/07/23
Approved by:	Frances Cairns	Approver's Signature:	FC

Document No:	GCA-FIN-F015
Revision No:	1.0
Issue Date:	12/12/22
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