

DIRECT DEBIT AUTHORITY

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 (2 Signatures are required or this Form cannot be processed)

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 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. The Agreement can be found on the GCA Website @

To be signed by Club Signatories (2 Signatures are required or this Form cannot be processed)

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Complete this form and return to:

The Garden Clubs of Australia Inc.

Email: treasurer@gardenclubs.org.au **Enquiries:** Phone 0424 430 844

Office use only
 GCA List Number: _____ Date Posted: _____ Dated Advised: _____

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Approved by:	Frances Cairns	Approver's Signature:	FC

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