



Credit Card Authority
Visa / MasterCard

Document No. 200401

Customer No.

Customer Details

Surname/Co. Name: First Name:
 Address:
 Telephone: Mobile:

Amount and Frequency of Direct Debit

Direct Debit Amount: 78.74 56.37 45.19 Including Administration Fees (Tick relevant circle for 6 week, 6 month or 12 month membership respectively.)
 Frequency:
 First Direct Debit Date:
 No of Direct Debits: At least successful payments and continuing thereafter until cancelled in writing.*
 * Delete if not required

Direct Debit From Credit Card

Card Name:
 Card Number: Expiry:

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 debit amounts and thereafter until cancelled in writing by me.

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, and
- 3 eDebit Pty Ltd may forward all notices to me at the above address until further notice in writing.

Signature of Card Holder

Date / /

Signature of Joint Card Holder

Date / /