



AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.
ABN 91 028 693 268

Payment Authority Update

Request and authority to debit the account name below to pay the Australian Medical Association (SA) Limited.

Member number: _____ **Email:** _____

Name: _____ **Mobile:** _____

Monthly amount: \$ _____

Credit Card Account

Type (please circle): Amex Visa MasterCard Diners

Cardholder name: _____

Credit Card number: _____

Expiry: ____ / ____

Signature: _____ Date: ____ / ____ / ____

Direct Debit Account

Name on Account: _____

BSB: _____

Account number: _____

your AMA

your voice

your profession