

Australian Medical Association (SA) INC.

Direct Debit Form



Member details

Name			
Member No		Mobile	

Credit card

I authorise AMA (SA) until otherwise instructed by me in writing to debit my membership subscription from my:

Amex <input type="radio"/>	Visa <input type="radio"/>	MasterCard <input type="radio"/>	Diners <input type="radio"/>	Amount \$		
Card No.					Expiry date	/
Cardholder's Name						
Cardholder's Signature					Date	/ /

Direct debit request

Request and Authority to debit the account named below to pay the Australian Medical Association (SA) INC.

Request & Authority to debit	Surname or company name _____ Given names or ACN/ARBN _____ ("you") request and authorise the AMA (SA) (User ID 007997) to arrange for any amount the AMA (SA) may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.
Insert the name & address of financial institution at which account is held Insert details of account to be debited	Financial institution name: _____ Address: _____ Name of Account _____ BSB Number: _____ Account No: _____
Acknowledgement	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and AMA (SA) as set out in this Request and in your Direct Debit Request Service Agreement.
Frequency of Debits	Monthly <input type="checkbox"/>
Insert your Signature	Signature _____ _____ (if signing for a company, print full name and capacity for signing eg. director) Date ____ / ____ / ____