AUTHORITY FOR MEMBER ACCOUNT DIRECT TRANSFER

Royal Queensland Yacht Squadron Ltd ABN 25 053 989 272 | **RQYS Marina Limited** ABN 23 010 217 991
RQYS Nominees Pty Ltd ABN 64 177 610 049 | PO Box 5021 MANLY QLD 4179
T +61 7 3396 8666 | **F** +61 7 3393 4100 | www.rqys.com.au | **Email** accounts@rqys.com.au

MEMBER DETAILS

Name of Member		Member No.	
Name of Full Member Spouse/Partner		Member No.	

PAYMENT OPTIONS

Which of the following payment options would you prefer:-

☐ **Credit Card** Type of Card ☐ Visa ☐ Mastercard ☐ Amex ☐ Diners

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐ ☐☐ Cardholders Name

Credit Card surcharge applies - Visa/Mastercard 1.25% Amex/Diners 2.00%

Or

☐ **Direct Debit**

BSB No. ☐☐☐ ☐☐☐ Account No. ☐☐☐☐☐☐☐☐☐

Name of Account Holder(s)

Name of Financial Institution Branch

AUTHORISATION

I/We request Royal Queensland Yacht Squadron to arrange for funds to be debited from my/our nominated account at the financial institution shown above.

PLEASE NOTE: If subscription payment is nominated as a monthly direct transfer, this will continue through to the end of the Squadron year (30 April).

I approve use of the account charging facility for my Full Member Spouse/Partner ☐ Yes ☐ No

SIGNATURE OF ACCOUNT HOLDER(S) Date / /

PLEASE PRINT NAME(S) IN FULL

PRIVACY

The Squadron is committed to ensuring the confidentiality and privacy of members information. The Squadron will make reasonable efforts to keep any such information secure and ensure that any of the Squadron's employees who have access to information about Squadron members do not make any unauthorised use, modification reproduction or disclosure.
The information requested in this form is collected by the Squadron for the purpose of enabling payment of your Squadron account to be debited directly from the bank account or credit card nominated by you. If the information requested is not provided then payment of your Squadron account can not be effected by direct transfer. If you wish to gain access to, or update, the information provided in this form at any time, please notify the Squadron in writing.

OFFICE USE ONLY

Allow POS - Yes	☐ _____ Date	Fuel - Tag No. 1	☐	DD Cancelled	_____Date
DD Spreadsheet	☐ _____ Date	Tag No. 2	☐	Note	_____
Corporate O/L	☐ _____ Date	Fuel Pin No.	_____		