



DIRECT DEBIT AUTHORITY FORM

The form below is an authority to activate an account with RQYS and related entities, for yourself and your family members. For fuel operation, please provide a 4-digit PIN number upon return of this form. An account statement will be sent to you on a monthly basis detailing your balance and when purchases and fees will be deducted from the nominated payment option below. It is your responsibility to provide new account details if the nominated payment option you have provided below has changed. **Please note that any credit balances with one Squadron Entity, may be used to offset debit balances in other Squadron Entities.** The Squadron's Direct Debit Policy can be found on the website: www.rqys.com.au

Please tick the following

- Membership subscription & Marina/ Fuel/ Food & Beverage Account activation, or
 Membership subscription activation only

ACCOUNT MASTER

Member No. _____ Name of Member _____

Superannuation/ Trust Fund where applicable: _____

4-digit PIN Number (Fuel Purchases) _____ please tick to use PIN number for all authorised account holders

Authorised members who may charge costs to this member account:

Member No. _____ Name of Member _____

Member No. _____ Name of Member _____

Member No. _____ Name of Member _____

PAYMENT OPTIONS

CREDIT CARD (Please circle one of the following) VISA / MASTERCARD (**A 1.5% Surcharge applies for all transactions**)

----- Expiry Date ____ / ____

Cardholders Name _____

OR BANK ACCOUNT

BSB ____ - ____ Account No. -----

Name of Account Holder(s) _____

Name of Financial Institution _____ Branch _____

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). 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.

SIGNATURE OF ACCOUNT MASTER _____ Date _____

OFFICE USE: MICROPOWER GROUP Monthly DD/ SUBS DD TWEB Access NOs _____