



NSW Midwives credit card debit request

REQUEST FOR MONTHLY DEBIT TO CREDIT CARD ACCOUNTS

direct debit application form

I wish to use my _____ ('card') to pay for the below goods/services supplied to me by the New South Wales Midwives Association ('the merchant').

I hereby authorise the Merchant to debit my card account with the amount and that the intervals specified below and in the event of any change in the changes for the goods/services to alter the amount from the appropriate date in accordance with such change.

This authority shall stand, in respect of the below-specified card and in respect of any card issue to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

Name:

Address:

Postcode:

Phone:

Mobile:

E-mail:

Credit Card Type:

Card Holder Name:

Card Number:

Expiry Date:

Debits will occur on the 3rd Thursday of every month.

This form must be printed and faxed to the association.

Do not forget to choose your credit card at the top of the form

Fax to: (02) 9281 0335