

**REQUEST & AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY  
SORRENTO GOLF CLUB ABN 46 004 161 282**

Request and Authority to debit : Surname \_\_\_\_\_

Given names \_\_\_\_\_ ("you")

Member Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/

Request and authorise *Sorrento Golf Club* to arrange, through its own financial institution, for any amount *Sorrento Golf Club* may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below or from your nominated credit card and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Services Agreement (and any further instructions provided below).

**FILL OUT DETAILS OF NOMINATED PAYMENT FACILITY:  
DIRECT DEBIT FROM BANK ACCOUNT**

Insert name and address  
of financial institution at  
which account is held

Financial institution name \_\_\_\_\_

Address \_\_\_\_\_

Insert details of account Name of Account to be debited \_\_\_\_\_

BSB number: \_\_\_\_/\_\_\_\_/\_\_\_\_/ - \_\_\_\_/\_\_\_\_/\_\_\_\_/

Account number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/

**OR CREDIT CARD**

Insert details of Credit Card to be debited










Expiry Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the Terms and conditions governing the debit arrangements between you and Sorrento Golf Club as set out in this Request and in your Direct Debit Request Service Agreement.

Options:  
(Payment Details)

Subscription and annual charges only    OR  
Subscription, annual charges & all other bar charges -Full balance.

Insert your signature  
and address

Signature \_\_\_\_\_  
(If signing for a company, sign and print full name and capacity e.g. Director)

Address \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_/ Email \_\_\_\_\_