

MEMBERSHIP FEE DIRECT DEBIT FORM

Request and Authority to debit the account named below to pay NATIONAL HEALTH CO-OP	
Request and Authority to debit	<p>Surname:</p> <p>Given names:</p> <p>request and authorise National Health Co-op (Debit user Identification Number 479507) to arrange a debit to your nominated account to pay for my Membership to the National Health Co-Operative.</p> <p>This debit or charge will be arranged by the National Health Co-op's financial institution and made through the Bulk Electronic Clearing System Framework (BECS) from <i>your</i> nominated account and will be subject to the terms and conditions of the Direct Debit Service Agreement.</p>
Amount of debit	<p>Any amount the National Health Co-op has deemed payable by you OR</p> <p>Please tick one: <input type="checkbox"/> Non-concession (\$10/month) <input type="checkbox"/> Concession (\$5/month)</p> <p>Direct debits will be made monthly on the 1st or the next business day and will continue until you advise. A \$30 joining fee must be paid up front for new members and lapsed memberships.</p>
Insert details of account to be debited Please choose one option	<p>Name/s on account:</p> <p>Financial Institution name:</p> <p>BSB Number: (must be 6 digits)</p> <p>Account Number:</p> <p style="text-align: center;">OR</p> <p>Please tick one: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Name on Credit Card:</p> <p>Credit Card: _____ - _____ - _____ - _____ Expiry: ____ / ____</p>
Your contact details	<p>Address:</p> <p>Email:</p> <p>Phone:</p>
Confirmation	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:</p> <ul style="list-style-type: none"> you are authorised to operate the nominated account; and you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.
By signing you are agreeing to a minimum of 12 months membership.	<p>Signature:</p> <p>Date:/...../.....</p>