

2023 -2024 DIRECT DEBIT REQUEST FORM

Partners Discount 2 x 7 Day Memberships	12 monthly payments of \$147	<input type="checkbox"/>
7 Day Member	12 monthly payments of \$83	<input type="checkbox"/>
6 Day Member	12 monthly payments of \$75	<input type="checkbox"/>
Under 25 Member (Under 25 as at Join/Renewal Date)	12 monthly payments of \$53	<input type="checkbox"/>
Under 21 Member (Under 21 as at Join/Renewal Date)	12 monthly payments of \$30	<input type="checkbox"/>
Country Member (Ordinarily Resident more than 100kms from Wodonga Golf Club Maximum play 24 rounds per year.)	12 monthly payments of \$33	<input type="checkbox"/>

Minimum total cost of 12 months membership selected. The remaining amount will become payable when the direct debit is ceased or cancelled.

Customer: Name: _____ Membership No. _____

Email: _____ Mobile: _____

I want to pay by Visa/Master Card, please email/SMS me a link to complete authorization.

I want to pay by direct debit from bank account. *(Please complete the section below)*

Authority:	I/We request and authorise PayAdvantage® ABN 38 749 739 150, User Id 378881, 616715, 513885, and 513886 to debit funds from the nominated account according to the below schedule.		
Account to be debited:	Name/s on Account: _____		
	BSB: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Account number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Payment:	Twelve (12) monthly payments of \$ _____ Start on _____		
Sign:	If debiting from a joint bank account, both signatures are required. Dishonours fee will be charged at \$4.75 per dishonour		
	_____ Signature	_____ date	_____ Signature
			_____ date

Direct debit services provided by PayAdvantage P 1300 641 310 | info@payadvantage.com.au | www.payadvantage.com.au

Direct Debit Terms & Conditions

Direct Debit arrangement

The Upfront (if specified) and Recurring Debits will be debited from the nominated account according to the schedule specified above. Recurring Debits continue until the Direct Debit has been cancelled or the Amount Reached has been specified and met. Any on-charged fees are excluded when determining if the Amount Reached has been met.

If a scheduled debit date has passed before the Direct Debit has been activated (authorised and approved) then these debits will occur on the next possible processing day after activation.

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the scheduled debit date there is sufficient cleared funds in the nominated account; and
- you advise us if the nominated account is transferred or closed.

If your debit is returned or dishonoured by your financial institution, the dishonoured debit will be re-debited from your nominated account in addition to any applicable fee(s) as listed above. Dishonoured debits may be re-debited together with other scheduled debit(s). Should you cancel the Direct Debit, instruct your bank not to make payment, or more than two (2) consecutive debits are dishonoured we may cancel this agreement and the remaining scheduled amount plus all penalty charges will be due and payable.

Changes to the arrangement

Changes to the drawing arrangements can be made by clearly outlining the requested change(s) in writing and sending them to the Provider. Changes may include deferring a debit, altering debit amounts, stopping a debit, suspending the Direct Debit, or cancelling the Direct Debit completely.

Enquiries

All enquiries should be made to the Provider in the first instance, and then to Pay Advantage®. All communication should include your full name and/or company name, the BSB/Account number being debiting, and return contact details.

Disputes

If you believe a debit has been initiated incorrectly, we encourage you to take the matter up directly with the Provider in the first instance. If the dispute remains unresolved, then you can lodge your concern in writing with Pay Advantage®. You will receive a refund of the debited amount(s) if the reason for the debit(s) is not substantiated.