

DIRECT DEBIT / CREDIT CARD AUTHORITY

To: Membership Service Team

Fax/Email +61 1300 730 543 or members@meaa.org

Member Number	
Name	

Date / /

Re **Equity Membership Deduction**

<u>CREDIT CARD</u>	<u>DIRECT DEBIT</u>
Type of Card: VISA MASTERCARD	Bank/Branch:
Name on Card:	Account Name:
Card Number:	Account Number:
Expiry Date:	
Signature of Acc Holder:	Signature of Acc Holder:
Date:	Date:

Please circle preference

WEEKLY	FORTNIGHTLY	4 WEEKLY	QUARTERLY	HALF YEARLY	YEARLY
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EST Annual Income	
Employer/Agent	
Position	
Ph (HM)	
Ph (WK)	
Mobile	
Email	
Street	
Suburb	
State	
P/Code	