



# DIRECT DEBIT / CREDIT CARD AUTHORITY

To: Membership Service Team

Fax/Email +61 1300 730 543 or [members@meaa.org](mailto:members@meaa.org)

<b>Member Number</b>	
<b>Name</b>	

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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<b>EST Annual Income</b>	
<b>Employer/Agent</b>	
<b>Position</b>	
<b>Ph (HM)</b>	
<b>Ph (WK)</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Street</b>	
<b>Suburb</b>	
<b>State</b>	
<b>P/Code</b>	