



# Direct Debit

Request for debiting amounts by direct debit to pay Media, Entertainment & Arts Alliance (form DDR)

I would like to pay my Media, Entertainment and Arts Alliance membership fees by periodic deduction.

Please debit my account:  weekly  fortnightly  four-weekly  quarterly  half-yearly  yearly

Please deduct fees from my:

Credit Card Account	OR	Debit (Bank/Credit Union) Account
Name _____ Address _____ _____ State _____ Postcode _____ Home phone ( ) _____ Work phone ( ) _____ Mobile _____ Email _____ Member number _____ <input type="radio"/> Visa <input type="radio"/> Mastercard Card No _____ Card name _____ Expiry Date _____ Signature _____ Date _____	Insert name and address of financial institution at which your account is held. Insert your name in full.  Customer signatures _____ (If joint account, all signatures may be required) Customer address _____ Postcode _____  Insert name of account which is to be debited BSB Number _____ Account Number _____	_____ _____ I/WE _____ (Surname or Company/Business Name) (Given Names or ACN/ARBN) request you until further notice in writing debit my/our account described in the schedule below any amounts which Media Entertainment & Arts Alliance ABA No 063704 may debit or charge me/us through the Direct Debit System. I/We understand and acknowledge that: 1. The Financial Institution may, in its absolute discretion, determine the order of priority or payment by it of any money pursuant to this Request or any authority mandate. 2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits. 3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits. 4. By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the Media Entertainment & Arts Alliance as set out in this Request Service Agreement to be provided upon commencement of Direct Debit. 5. In signing this form, I authorise and direct my employer to provide to you on request details held by them about the bank account into which my wages are paid. _____ _____ Postcode _____ <b>The Schedule</b> _____ _____ PLEASE NOTE: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.

Complete and return to: MEAA, PO Box 723, Strawberry Hills NSW 2012 (no postage stamp required)