

OFFICE USE ONLY
PYMT ID 1
PYMT ID 2

## Pharmacy Guild of Australia (WA Branch) Direct Debit Request - Membership

Your Details   All fields are mandatory							
Customer Number:	ABN:						
Pharmacy Name:							
Surname:	Given name:						
Pharmacy Address:							
Suburb:	State:	Postcode:					
E-mail:	Phone:						
I/we request and authorise Pharmacy Guild of Australia, WA Branch, (APCA ID 600667) (ABN 56 917 919 584) to arrange, through its own financial institution, a debit to your nominated account through the Bulk Electronic Clearing System (BECS), or credit card, any amount, Pharmacy Guild of Australia WA Branch (APCA ID 600667) has deemed payable by you.							
Signatory 1 All fields are mandatory							
Surname: Pharmacy Address: Suburb: Signature:	Given name: State:	Postcode:					
Date:							
Signatory 2 (if applicable)							
Surname:	Given name:						
Pharmacy Address:	State:	Postcode:					
Suburb:	Juic.	i oscode.					
Signature:							
Date:							



**Debit Arrangement** | All fields are mandatory

Frequency:	Monthly	Quarterly	Annually				
Initial debit starting as set out in the Payment Instalments Option and schedule form 2024/2025.							
Initial debit will be made from your nominated account within the first three business days of the month. This Direct Debit Request will remain in force until you advise the Pharmacy Guild of Australia WA Branch (APCA ID 600667) that you wish to cancel your authorisation. Cancellation must be in writing, providing your full name and membership number. It is also advisable to notify your bank/building society/credit union.							
Your Paymen	t Method   Ple	ase choose one of the count or card holder or	following paymen nly.	t methods. This section	is to be completed by the		
1 Debi	t from Credit Card	or Debit Card:	Visa	Mastercard			
Card Number:							
Expiry Date:	/						
Name of Cardholder:							
By signing this form, I/we authorise the Pharmacy Guild of Australia WA Branch to debit payments from my specified Credit Card above, and I/ we acknowledge having read and understood the terms and conditions governing the debit arrangements between the Pharmacy Guild of Australia WA Branch and I/us, as set out in this direct debit request and Direct Debit Request Service Agreement.							
Cardholder's sig	nature:			Date:	/		
2 Debi	t from Bank Accou	nt					
Financial Institut	ion:			Branch:			
BSB Number:		Account N	lumber:				
Account Holder	Name:						