

PHARMACY GUILD OF AUSTRALIA (VICTORIA BRANCH)

We are community pharmacy

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Website: www.guild.org.au/guild-branches/vic

OFFICE USE ONLY	
PYMT ID 1	
PYMT ID 2	

DIRECT DEBIT REQUEST - MEMBERSHIP

YOUR DI	ETAILS AII	fields are	e man	dator	y														
Customer Number											ABN								
Pharmac	y Name																		
Surname										Given	Name								
Pharmac	y Address																		
Suburb								State						Post	tcode				
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request and authorise Pharmacy Guild of Australia, Victoria Branch (User ID: 462545 ABN 35 603 508 734) to arrange, through its own financial institution, a debit to your nominated account or credit card any amount Pharmacy Guild of Australia, Victoria Branch , has deemed payable by you.																			
DEBIT AF	RRANGEME	:NT /	All field	ds are	manda	itory													
Frequenc	су 🗆	Mont	hly		[Qu	arterly				Ann	ually							
Initial De	bit Starti	ing on [Date			_/			_/										
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☐ Opti	on A: Debi	t from	Banl	k Ac	count														
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BSB N	umber] -					Acco	ount Nu	ımber								
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Account	holder's s	ignatuı	re								Date		/_		_/		(DD/N	1M/YY)	
□ Ор	tion B: De	bit fro	n Cre	edit (Card														
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I/we ac	ing this form knowledge h	aving re	ead an	ıd und	derstoc	d the te	erms and o	conditions	govern	ng the	debit aı	rrange	ments	betwe	een Pha				
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