



YMCA GYMNASTICS

Bank Details Agreement

The Young Men's Christian Association of Brisbane

ABN 61 028 895 366

YMCA BRISBANE 311 FWC/FRC 12/21

RESPONSIBLE PERSONS NUMBER:

MEMBERSHIP TYPE:

Direct Debit

CONTACT DETAILS

TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB: ____ / ____ / ____	
GIVEN NAME:			FAMILY NAME:		
Address: _____			(Ph) Home: _____		
_____ Postcode: _____			(Ph) Mobile: _____		

DIRECT DEBIT CUSTOMERS' AUTHORITY

I/We authorise the YMCA of Brisbane (APCA user ID Number 051767) to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in The YMCA of Brisbane Direct Debit Request Membership Agreement as stated below.

1. I understand that I am signing to an ongoing direct debit, for a minimum period of 12 weeks.
2. To pay an ongoing minimum fortnightly payment of \$_____ deductible from the nominated bank account (as per the Bank Details Agreement form) from ____ / ____ / ____
3. I understand that fortnightly payments will continue to be deducted from the nominated bank account until I/we provide the YMCA with 14 days' written notice to cancel.
4. All cancellations and changes to membership must be made and signed in person at the centre on a Customer Request Form to ensure confidentiality of account details and accuracy of records.
5. That I/we must inform YMCA of Brisbane in writing of any changes to my contact details and that failure to do so will not mitigate my/our responsibility in maintaining the above payments.
6. That the YMCA of Brisbane has the right to increase payments in accordance with centre price rises, and that I/We will be given a minimum one month's notice of such increases.
7. That it is my/our responsibility to ensure sufficient funds will be available for payments and acknowledge that The YMCA of Brisbane may access my/our account for any fees incurred due to refusal of payment.
8. I understand that the YMCA of Brisbane is in no way responsible for a member's personal bank account nor is it responsible to keep track of any direct debit transactions that occur from a member's personal bank account over the course of a member's membership.
9. When the bank rejects a debit or credit, an alternative payment must be made. These rejected payments remain due and payable. An administration / bank fee of \$10 will be passed on to you for the additional processing of your membership. All rejected payments will need to be paid via reception.

Signature: _____ Date: ____ / ____ / ____

BANK ACCOUNT DIRECT DEBIT APPLICATIONS ONLY

Name of Financial Institution:	Address of Financial Institution:
Account Name:	
BSB Number:	Account Number:

CREDIT CARD DIRECT DEBIT APPLICATIONS ONLY

<input type="checkbox"/> Visa	Cardholders Name:	Card Number: _____	Expiry Date: /
<input type="checkbox"/> Mastercard			

The Bank Details Agreement Form will be shredded after the designated bank details have been entered into the direct debit run.