



ACCOUNT INFORMATION

Name of account to be debited:

Account to be debited:

Bank	Branch			Account										Suffix					

To: **The Manager: Please print full postal address clearly**

Bank:

Branch:

Address:

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

Authorisation code:
0 | 3 | 3 | 4 | 8 | 2 | 4

Date:

I/We authorise you until further notice in writing to debit my/our account with you all amounts which -
WELLINGTON BRIDGE CLUB, INC.
(hereinafter referred to as the Initiator)

The registered Initiator of the above Authorisation Code may initiate by Direct Debit.
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars:

W	B	C																	
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Payer Code:

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Payer Reference:

T	A	B	L	E		M	O	N	E	Y									
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Name of Account:
(Customer to complete)

Authorised Signature(s):

APPROVED
3482
03 | 17

FOR BANK USE ONLY

Date Received	Recorded by	Checked by
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BANK STAMP

Original - retain at branch
Copy - forward to Initiator if requested