



## Direct Debit Request

Member Number: \_\_\_\_\_

### Request and Authority to debit the account named below to pay Speech Pathology Australia

#### Request and Authority to debit

Your Surname: \_\_\_\_\_

Your Given names: \_\_\_\_\_ "you"

request and authorise **Speech Pathology Australia** to arrange, through its own financial institution, a debit to your nominated account any amount **Speech Pathology Australia**, has deemed payable by you (*In accordance with the annual membership fee as outlined*).

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

#### Frequency

**Payments will be debited on 20<sup>th</sup> of each month or closest business day.**

Monthly  Quarterly  Yearly

**Please select your payment frequency.**

#### Insert the name and address of financial institution at which account is held

Financial institution name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

#### Insert details of account to be debited

Name/s on account: \_\_\_\_\_

BSB number (must contain 6 digits):      |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|

Account number:      |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

#### Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Speech Pathology Australia** as set out in this Request and in your Direct Debit Request Service Agreement.

If joining after February the first instalment will include an adjustment amount, and if renewing after March the late fee of \$44 (incl. GST) will be deducted in your first instalment. By electing to pay by instalments you are also opting to have your membership automatically rolled over into the forthcoming year therefore authorising Speech Pathology Australia to continue deducting membership fees until you notify the Speech Pathology Australia in writing to cease deductions or your membership is cancelled or withdrawn and outstanding fees are collected. You will be notified in writing of any change to your deductions at least 30 days prior to that change. The monthly deduction is one twelfth of the total of your annual membership. The administration fee will be spread across your payment frequency.

I understand that instalments cannot be cancelled throughout the year and I am authorising Speech Pathology Australia to deduct the balance of my membership fees from the above bank account or by other means where appropriate. I authorise Speech Pathology Australia to deduct the amount indicated by my preferred means of payment. In the event of a miscalculation of the amount due, I authorise Speech Pathology Australia to debit the correct sum where the miscalculated amount does not exceed 10% of the total amount due.

#### Insert your signature and address

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date:      \_\_\_ / \_\_\_ / \_\_\_