

Bicycle Victoria Membership

DIRECT DEBIT REQUEST

Level 10,
446 Collins St,
Melbourne

PO Box 426
Collins St West,
Vic 8007

P: 8636 8888
F: 8636 8800
W: www.bv.com.au

Rider ID:

Name:

Address:

State:

Postcode:

DOB:

Tel (Daytime):

(Mob):

Email:

PLEASE TICK THE AMOUNT TO BE DEBITED: (All prices include GST)

- | | | | | | |
|--------------|-------|--------------------------|-----------------|-------|--------------------------|
| • Individual | \$105 | <input type="checkbox"/> | • Family of 2* | \$125 | <input type="checkbox"/> |
| • Concession | \$85 | <input type="checkbox"/> | • Family of 3+* | \$135 | <input type="checkbox"/> |

*Please provide the names and dates of birth for the other family members listed on the Membership

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

RENEWAL DATE IS:

DIRECT DEBIT MY CREDIT CARD

Credit Card Type: Visa Mastercard

Card Number: _____ / _____ / _____ **Expiry Date:** ____ / ____

Name on Card: _____

DIRECT DEBIT MY BANK ACCOUNT

Financial Institution: _____

Address of Financial Institution: _____

Postcode: _____

Account Name: _____

BSB Number: _____

Account Number: _____

I/We authorise the following:

1. Bicycle Victoria to verify the details of the above mentioned account with my/our Financial Institution.
2. The Financial Institution to release information allowing Bicycle Victoria to verify the above mentioned account details.

I/We authorise Bicycle Victoria (USER ID # 068788) to arrange for funds to be debited from my/our account at the financial institution identified above 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 Direct Debit Request Service Agreement.

By signing this Direct Debit Request you acknowledge having read and endorsed the terms and conditions governing the debit arrangements between you and Bicycle Victoria as set out in our Direct Debit Request Service Agreement. To cancel your Direct Debit Agreement, you need to notify us in writing 30 days prior to your Debit date. Write to Bicycle Victoria, PO Box 426, Collins St West, VIC 8007.

SIGNATURE: _____

DATE: _____