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## Members Direct Debit Application

Member Number:

Member Name:

Address:

Postcode:

I/We request Cessnock District Health Benefits Fund Dr - 088892 to arrange for funds to be Debited from my nominated financial institution shown below.

Signature: ..... Date: .....

Signature: ..... Date: .....

## Complete Section 1 or 2

### 1. Financial Institution (Bank, Credit Union or Building Society)

Account Name:

Branch:

BSB:

Account Number:

(Note :- Joint Account require both Signatures)

Effective Date:

### 2. Credit Card Details (Visa or Mastercard only)

Name on Card:

Effective Date:

Card Number:            /        /        /

Expiry Date:

I/We request and authorise Cessnock District Health Benefits Fund to Debit the above nominated Credit card or Bank Account as listed above and to vary the amount as necessary for changes to contribution rates or tables

I understand that my Direct Debit will take effect on the first or second working day of the month.

Signature: ..... Date: .....

Signature: ..... Date: .....