DIRECT DEBIT AUTHORITY

THE SCOTCH MALT WHISKY SOCIETY

PERSONAL DETAILS

Title: ..... Full Name: ..... Daytime ph: .....

Company (if applicable): ..... ACN/ABN (if applicable): .....

Address: .....

Suburb: ..... State: ..... PCode: .....

PAYMENT METHOD

Credit card (card type): ◯ Visa ◯ Mastercard ◯ Amex

Credit card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: ☐☐ / ☐☐

Name on card: ..... CVV/CIV: ☐☐☐☐

TERMS OF DIRECT DEBIT

1. I, the undersigned, hereby request and authorise The Scotch Malt Whisky Society Pty Ltd to debit my card specified above to take payment for annual membership charges ($120 per annum) in relation to the Membership Details specified above. There is a minimum one year membership period.
2. I understand that this arrangement for payment will continue until I formally request the Direct Debit to stop by contacting either my financial institution or The Scotch Malt Whisky Society Pty Ltd.
3. I understand that such request to stop the Direct Debit will not be a request to cancel any ongoing contract or arrangement with The Scotch Malt Whisky Society Pty Ltd and such contracts or arrangements will continue and I will continue to be liable under those contracts or arrangements.
4. I agree to pay any fees charged by my bank/financial institution associated with insufficient funds being available at the time of a Direct Debit, I understand I can contact The Scotch Malt Whisky Society Pty Ltd on 02 9974 3046 if I am unaware of the date of my next Direct Debit.
5. I understand it is my responsibility to inform The Scotch Malt Whisky Society Pty Ltd of any changes to the details I have provided above.
6. I understand that if I wish to stop this Direct Debit I may do so by contacting The Scotch Malt Whisky Society Pty Ltd by mail to PO Box 1113 NEWPORT NSW 2106 or email to info@smws.com.au.

PLEASE RETURN THIS FORM TO:

The Scotch Malt Whisky Society Pty Ltd
PO Box 1113
Newport NSW 2106

p: 02 9974 3046
e: info@smws.com.au
www.smws.com.au

SIGNED BY

....
Signature Print Name

Date: / /