



Brothers Townsville FC EZYPAY Direct Debit Request Form

Players Name: _____

Customer Details

First Name: _____

Surname: _____

Date of Birth: _____

Address: _____

Suburb: _____

State & Postcode: _____

Mobile Number: _____

Email: _____

Payment Instructions

***Important:** Fees and charges apply.
Please allow 5 working days for processing.

Regular amount of: \$ _____

To be debited every _____ month or _____ week/s.

Starting from: _____

Until the total amount of \$ _____ is collected.

Payment Method

1. Bank account

Bank name: _____

Account holder: _____

BSB: _____

Account No.: _____

I/we authorise EzyPay Ltd APCA User ID Number 064323 to debit my/our accounts at the Financial Institution identified above through the Bulk Electronics Clearing System (BECS)

2. Credit Card

Card Type: Visa MasterCard Amex

Card No.: _____

Expiry Date (mm/yy): ____ / ____

Name on Card: _____

Authorisation

This authorisation is to remain in force in accordance with the Terms and Conditions on this page and on the reverse side which I/we have read and understood.

I/we agree that if a player ceases playing due to injury or decision, that the EzyPay agreement is still to be honoured as Brothers TSV FC has paid the full fees on behalf of the player while the EzyPay arrangement is in place.

Signature of cardholder(s) or account holder(s):

1. _____

2. _____

Date: _____

Office Use:

EZYPAY REFERENCE NUMBER: _____