Direct Debit Authority



Name		
Address		
Email Address		
Mobile		
DOB		
This form is authority for Cr Direct Debit on your behalf	rossFit Toowoomba to request that FFA Paysmart set up the follow: :-	wing
\$45 per week	(FFA Paysmart will charge additional \$1.30 per payment)	
\$90 per Fortnight	(FFA Paysmart will charge additional \$1.95 per payment)	
\$195 per Calendar Month	(FFA Paysmart will charge additional \$2.95 per payment)	
	FA Paysmart as our Direct Debit provider. By signing this authorit ditions as set out by FFA Paysmart and emailed to you when you d.	
You accept and acknowledg	ge that FFA Paysmart will charge you a once off \$11.00 set up fee.	
·	ge that FFA Paysmart will charge you ongoing administration fees vill also charge \$15.00 for any transaction where there is insufficion	
CrossFit Toowoomba do no charged by FFA Paysmart.	t receive the benefit of any set up, administration or dishonour for	ees
Payment Details		
Financial Institution:		
BSB:		
Account Number:		
Or		
Credit Card number:		
Expiry:		
CCV:		
You acknowledge that to caweeks notice.	ancel membership with CrossFit Toowoomba that you required to	give 4
Name:		
Sign:		
Witness:		
Date:		

AMOUNT: