Direct Debit Authority



Name		
Address		
Email Address		
Mobile		
DOB		
This form is authority for Cro Direct Debit on your behalf:	ossFit Toowoomba to request that FFA Paysmart set up the follo	wing
\$45 per week	(FFA Paysmart will charge additional \$1.50 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)	
	A Paysmart as our Direct Debit provider. By signing this authorit litions as set out by FFA Paysmart and emailed to you when you .	
You accept and acknowledge	e that FFA Paysmart will charge you a once off \$11.00 set up fee	•
	e that FFA Paysmart will charge you ongoing administration fees ill also charge \$15.00 for any transaction where there is insufficion	
CrossFit Toowoomba do not charged by FFA Paysmart.	receive the benefit of any set up, administration or dishonour for	ees
Payment Details		
Account Name:		
BSB:		
Account Number:		
Or		
Credit Card number:		
Name on Card:		
Expiry:		
You acknowledge that to car	ncel membership with CrossFit Toowoomba that you required to	give 4
weeks notice.		
Name:		
Sign:		
Witness:		

Date: