

CHANGE OF BILLING DETAILS



PERSONAL DETAILS

First name

Surname

Membership Keytag No.

Email

Contact Phone No.

CREDIT CARD DETAILS

Type Visa Mastercard

Card Number

Expiry Date /

Cardholder Name

OR

BANK ACCOUNT DETAILS

Account Name

Financial Institution

Branch

BSB Number

Account Number

I/We authorise MA & CB Burke Pty Ltd T/A Workout Indooroopilly (APCA User ID Number 068877) to arrange for funds to be debited from my/our account at the financial institution identified above through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms and conditions of the Workout Indooroopilly Membership Agreement Terms and Conditions.

I am authorised to sign on the above credit card/bank account and acknowledge that I am liable for the membership fees.

Signature of Account / Credit Card Holder

Date

OFFICE USE ONLY:

Date Received

Date Processed