

# ROYAL GEELONG YACHT CLUB INC



25 Eastern Beach, Geelong Vic 3220  
PO Box 156, Geelong Vic 3220  
Tel: (03) 5229 3705 – Fax: (03) 5223 2768  
Email: info@rgyc.com.au

## INSTALMENT PLAN APPLICATION

*For 2018/19 Membership Season*

### SILVER MEMBERSHIP

#### MEMBERSHIP COMPONENTS

SUBSCRIPTION	ADMIN FEE	TOTAL
\$390	\$19.50	<b>\$409.50</b>

#### QUARTERLY INSTALMENTS

	1/07/18	1/10/18	1/01/19	1/04/19	TOTAL
DEBIT AMOUNT	\$102.38	\$102.38	\$102.37	\$102.37	<b>\$409.50</b>

#### **REQUEST FOR PAYMENT OF MEMBERSHIP BY INSTALMENTS** *by DIRECT DEBIT (Savings or Cheque Account) or CREDIT CARD*

I ....., wish to pay my **Silver Membership** subscription for the 2018/19 season by instalments. I understand that there is an administration fee for quarterly instalments, which is GST applicable. I have completed the details on the reverse for deduction by my chosen method.

Signed: ..... Date: .....

***Note: For payment of Membership by instalments, a completed request form must be received by RGYC no later than 30 June 2018 (plan is not available after this date).***

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## INSTALMENT PLAN DEBIT REQUEST

I request Royal Geelong Yacht Club Inc ABN 97 480 072 940 (User ID 228151), to debit funds from my nominated account at the financial institution shown below according to the details specified.

### YOUR DETAILS

Name: .....  
Address: .....  
.....  
Telephone: (H) ..... (W) .....

### **DIRECT DEBIT** from Cheque or Savings Account

Name of Bank Account: .....  
Name of Bank: .....  
Branch Location: .....  
BSB No (6 digits): ..... - ..... Account Number: .....

*"This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement."*

### **CREDIT CARD**

Type of Card:       **Visa**               **Mastercard**  
Card Number:      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiry Date:        \_\_\_\_ / \_\_\_\_

### **DETAILS OF THE AMOUNT TO BE DEBITED**

You are authorised to debit the quarterly instalments stated on the previous page:  
**YOUR AUTHORISATION:**

Signature(s): ..... Date: .....  
*(If debiting from a joint bank account, all signatures may be required)*