



Shandon Golf Club

Name of account to be debited:

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or an agreement)

Account details:

Bank	Branch number	Account number	Suffix
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To the Manager: please print full postal address clearly

Bank	
Branch	
Address	

AUTHORISATION CODE
0 2 2 1 3 1 8

Date:

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which

Shandon Golf Club Inc
(hereinafter referred to as the Initiator)

the registered initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form.

Information to appear in my/our bank statement:

Payer Particulars	Payer Code	Payer Reference
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Name of Account

Authorized Signature(s)

Approved	For Bank Use Only	Date Received: Recorded by: Checked by:	BANK STAMP
2131	Original - Retain at Branch Copy - Forward to Initiator if requested		
12 10			

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

- The Initiator:**
 - Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated. This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically).
The advance notice will include the following message:-
"Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your Bank account on (initiating date)."
*This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.
 - May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority
Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
 - May, upon receiving an "authority transfer form" (dated after the date of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority from the account identified in the authority transfer form.
- The Customer may:**
 - At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by the means agreed by the customer, Bank and Initiator.
 - Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- The Customer acknowledges that:**
 - This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
 - In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
 - Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.
 - Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-
 - the accuracy of information about Direct Debits on Bank statements; and