

# Direct Debit Authority

To arrange a direct debit please read the Direct Debit Service Agreement and return this completed form.  
A copy of the Agreement is available via the ADABA website [adawa.com.au](http://adawa.com.au).

In completing this form, you are providing MDA National Insurance Pty Ltd (User ID 227682) with an enduring authority to debit your nominated account in payment of the Membership Subscription and Insurance Premium. This Direct Debit Authority remains in force and will be used to pay for future Membership Subscriptions and Insurance Premiums until you advise us that you no longer wish to continue with this arrangement. We will provide you with written notice of future Membership Subscriptions and Insurance Premiums to be debited under this Authority.

Member name

Member number

## Payment type

Please select your payment frequency

☐

MONTHLY

☐

QUARTERLY

☐

YEARLY

### Bank Account

Account name

Financial institution

BSB

Account no.

### Credit Card

☐

VISA

☐

MASTERCARD

☐

AMEX

☐

DINERS

Cardholder name

OR

Card number

Expiry date

 / 

## Authority

I have read the Direct Debit Service Agreement and I authorise MDA National Insurance Pty Ltd (User ID 227682) to debit the account nominated above in payment of any Membership Subscriptions and Insurance Premiums in the amount shown on my Renewal/Instalment Notice or quotation form, or as otherwise authorised by me. I understand that this Authority is enduring and will continue until I request that it be cancelled and that it can be used to pay future Membership Subscriptions and Insurance Premiums.

Please SIGN and DATE below

X SIGN HERE

DD / MM / YYYY

Please return this form either by:

Email: **memberships@adawa.com.au**

Mail: **ADABA PO Box 34 WEST PERTH WA 6872**

Fax: **(08) 9321 1757**

If you have any queries, please contact our Membership team on **(08) 9211 5600** or email **memberships@adawa.com.au**.