

Electronic Funds Transfer Authorisation

Electronic Funds Transfer

I hereby authorise the Australian Shooting Association Inc., (ASA) to directly deposit monies due for payment in the bank account listed below.

This authorisation is to remain in force until the ASA has received written authorisation from me of its termination or change.

Also, I grant ASA the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Telephone: (____) _____

Signature: _____ Date: _____

ASA Use Only: Effective Date _____

Account Details

Financial Institution: _____

Street Address: _____

City: _____

State: _____

Post Code: _____

Telephone: (____) _____

Bank/BSB Number: _____

Account Number: _____
