



# Credit Card Authorisation

**GMHBA Limited**  
ABN 98 004 417 092  
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PO Box 761,  
GEELONG VIC 3220  
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Email: service@gmhba.com.au  
Internet: www.gmhba.com.au

Date ...../...../.....

Member number

Member name.....

Residential address.....

.....

..... Postcode

I hereby authorise GMHBA Limited to charge my credit card

**A**  on this occasion for the amount of \$.....

Or

**B**  automatically, each  
 Month  Quarter  Half year  Year

Until instructed by me in writing to cease deductions.

I understand that the first credit charge will occur on 01/ ...../ .....  
(first working day of the month).

I also authorise GMHBA Limited to charge my credit card such amount as is required to pay the member's premium up to the next charge date. If the premium changes or payments are in arrears, I authorise GMHBA Limited to alter the amount from the appropriate date in accordance with such changes.

Alterations/cancellations to membership or account details must be received in writing, on the prescribed form/s at least 7 days before the next scheduled direct debit deduction date.

A refund of premiums cannot be issued within 14 days of the debit date. This allows sufficient time for the financial institution to advise GMHBA of any debit deduction dishonour.

After two consecutive dishonours GMHBA will remove the membership from the debit scheme.

Type of credit card

Bankcard  Mastercard  Visa Card

Card number

Expiry date ..... /.....

Cardholder's name .....  
(If different from member name)

Cardholder's signature .....