



RSA REVIEW ANNUAL SUBSCRIPTION NOTICE

Your Details

Title: Mr/Mrs/Miss/Other Please specify:

RSA Membership Number: (if known)

First Names:

Last Name:

Street Address: Suburb:

Town/City: Country (if required):

Telephone: Email:

Subscription Choice

(Tick the appropriate box)

Financial Member RSA \$10

Non Financial Member RSA \$15

Overseas subscriber \$20

Payment Method

Please find:

1. Completed Direct Debit Form attached
- or
2. My cheque for \$ _____ enclosed

Direct Debit Authority

Please note that only cheque accounts and certain types of savings accounts are available for Direct Debit. If you are unsure about your account, please check with your bank.

Name of Account:

Bank/Branch Number Account Number Suffix

To: The Manager (please print postal address clearly)

Bank/Branch:

Branch Address:

Town/City:

AUTHORITY
TO ACCEPT
DIRECT DEBITS
(Do not operate
as an assignment
or agreement)

AUTHORISATION
CODE
0214677
(user number)

I authorise you until further notice in writing to debit my account with all amounts which Returned and Services Association, (hereafter referred to as the Initiator), the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I acknowledge and accept that the Bank accepts the Authority only upon the conditions on the reverse of this form.

Information to appear on my/our bank statement (to be completed by Initiator).

Payer Particulars Payer Code Payer Reference

Authorised Signature(s):

Date: / /

For Bank Use Only	Approved 1467 04 05	Date Received:	Recorded By:	Checked By:	Bank Stamp:
-------------------	-----------------------------	----------------	--------------	-------------	-------------