



## KELAB SUKAN PULAU PINANG

(Penang Sports Club)

Jalan Utama, 10450 Pulau Pinang, Malaysia

Tel: 604- 2294 541 / 2297 834

Fax: 604- 292 391

### **CREDIT CARD DIRECT DEBIT AUTHORISATION FORM**

If you would like to enjoy the convenience of automatic billing to your Visa or MasterCard, Please fill out all the information below. Upon approval, we will then automatically bill your account credit card for the amount due and your total charges will appear on your credit card statement. You may cancel this direct billing authorization at any time by writing your request to us and handing over your request to our office (From 9.00am to 5.30pm, Monday to Saturday).

#### **THE CREDIT CARD DETAILS ARE AS FOLLOW:**

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
Issuer Banker

\_\_\_\_\_  
Credit Card No.

VISA

MASTERCARD

\_\_\_\_\_  
Credit Card Expiry Date (dd/mm/yy)

Tel: \_\_\_\_\_ (H)

\_\_\_\_\_  
(O)

\_\_\_\_\_  
(H/P)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Signature of Card Holder

I authorize **Penang Sports Club** to automatically bill my credit card listed above on a monthly basis for all outstanding amounts recorded in my respective monthly statement

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Membership Number

\_\_\_\_\_  
Date

Kindly advise/update the office 1 month prior to your card's expiry date, or when there is a change to your credit card details  
Please put the authorisation form in a sealed envelope and attention to the Accounts Department.

### **FOR OFFICE USE ONLY**

**Data Entry By:**

**Checked By:**

**Approved By:**

Date:

Date:

Date: