



# KELAB SUKAN PULAU PINANG

(Penang Sports Club)

Jalan Utama, 10450 Pulau Pinang, Malaysia  
Tel: 604- 229 4541 / 229 7834  
Fax: 604- 229 2391

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

If you would like to enjoy the convenience of automatic billing to your Visa or MasterCard, please complete the information below. Upon approval, we will bill your credit card on a monthly basis for the amount due and your total charges will appear on your credit card statement. You may cancel this request at any time by submitting a written request to the Club office during working hours.

I authorise **Penang Sports Club** to automatically bill my credit card listed below on a monthly basis for all outstanding amounts for the following member's statement of account:

Member's Name

Membership Number

### THE CREDIT CARD DETAILS ARE AS FOLLOWS:

Name of Card Holder

Issuing Bank

VISA

MASTERCARD

Credit Card No.

Credit Card Expiry Date (mm/yy)

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

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

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

Billing Address

Email Address:

Signature of Card Holder

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: