



# Payment Authority

**PLEASE FILL IN DETAILS AND FAX THROUGH TO (03) 9654 1724**

Hotel Trading Name: \_\_\_\_\_

Suburb: \_\_\_\_\_

I \_\_\_\_\_ (Please print name) on behalf of the hotel,

being duly authorised, hereby advise the Australian Hotels & Hospitality Association Inc. of the following Membership Subscription payment details:

Please indicate your preferred payment option:

- Payment in full (Cheque / Credit Card / EFT)
- Monthly Direct Debit payments:  **Credit Card** (please enter details below)  
 **Bank Account** (please contact AHA (Vic) for Direct Debit forms)
- EFT payment details: Please enter your AHA (Vic) account reference in the particulars field and send your remittance advice via facsimile to: (03) 9654 1724

Account Name: Australian Hotels and Hospitality Association Inc.  
 Bank Name: National Australia Bank  
 Bank Address: Melbourne Office – 330 Collins St, Vic  
 BSB Number: 083 004  
 Account Number: 51725 4150

### To be completed by Cardholder

I hereby authorise the Australian Hotels & Hospitality Association Inc. to debit my credit card as follows:

**Visa/MasterCard No:** .....

**Cardholder Name:** .....

**Expiry Date:** ..... **Cardholder Signature:** .....

Monthly payment requests must be returned to the AHA (Vic) via facsimile: (03) 9654 1724 or by mailing to:

AHA (Vic)  
 PO Box 18067,  
 45 Collins Street East,  
 Melbourne VIC 8003

\* Full terms & conditions of our Direct Debit Service Agreement are available upon request from our office on: (03) 9654 7100

**NB:** By choosing monthly payments, you have authorised us to arrange for funds to be debited from your nominated account any amount Australian Hotels & Hospitality Association Inc., has deemed payable by you in respect to membership subscription. This agreement will continue for the terms of the arrangement between us and you.

We may vary any details of this agreement at any time by giving you at least fourteen (14) days' written notice.

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least (14) days' notification in writing to the address provided above.

### Privacy Statement:

The AHA (Vic) collects the above information to complete the transaction and for internal administration purposes only. Your information will only be disclosed to third parties for the purpose of completing your transaction with us and for the purposes of providing the services you have requested. The AHA (Vic) will not sell, rent or trade your information without your express written consent.

<b>Office Use Only</b>	<b>AHA (Vic) Account No.</b> _____
<input type="checkbox"/> <b>Payment in full of \$</b> _____	
<input type="checkbox"/> <b>Monthly payment total of \$</b> _____, <b>being \$</b> _____ <b>membership, plus</b> (applicable only to Gaming Hotels): <b>\$</b> _____ <b>Code of Practice and \$</b> _____ <b>Hotel Care.</b>	
<b>Date processed:</b> .....	<b>Processing officers initials:</b> .....