



## Pharmacy Guild of Australia (WA Branch) Direct Debit Request - Membership

### Your Details | All fields are mandatory

Customer Number:

ABN:

Pharmacy Name:

Surname:

Given name:

Pharmacy Address:

Suburb:

State:

Postcode:

E-mail:

Phone:

I/we request and authorise Pharmacy Guild of Australia, WA Branch, (APCA ID 600667) (ABN 56 917 919 584) to arrange, through its own financial institution, a debit to your nominated account through the Bulk Electronic Clearing System (BECS), or credit card, any amount, Pharmacy Guild of Australia WA Branch (APCA ID 600667) has deemed payable by you.

### Signatory 1 | All fields are mandatory

Surname:

Given name:

Pharmacy Address:

Suburb:

State:

Postcode:

**Signature:**

**Date:**     /     /

### Signatory 2 | (if applicable)

Surname:

Given name:

Pharmacy Address:

Suburb:

State:

Postcode:

**Signature:**

**Date:**     /     /

