



DIRECT DEBIT REQUEST FORM (CREDIT CARD)

Please complete this form and return by email to membership@asmirt.org

Membership Number	
Surname	
First Name	
Email Address	
Mobile Number	

Please tick your preference for Fortnightly or Monthly deduction:

- **Fortnightly**
- **Monthly**

Card Type (Please tick)	Visa	Mastercard	American Express
Credit Card Number			
Expiry Date			
CVV No			
Cardholder's Name			
Cardholder's Signature			