EXODUS
HEALTH & FITNESS CLUB

RECURRING PAYMENT AUTHORITY

PLEASE COMPLETE THIS FORM BY PRINTING IN CAPITAL LETTERS

Yes, I'd like to pay my fortnightly/monthly membership fee by direct debit from my credit card and authorise **YKC Limited T\A Exodus** to do this until further notice.

Name:

_____

Mailing Address:

_____

Phone: _____

Mobile (if applicable): _____

Email (if applicable):

_____

Name on Card: (PLEASE PRINT)

_____

Card Number

				-					-					-				

Expiry Date: ___ **/** ___

Card Type: O **MasterCard** / O **Visa**

Card Holder's Signature:

_____

Effective Date
NEXT BILL DATE or PLEASE STATE THE EFFECTIVE DATE_____

Date of Application: _____