

Accor Vacation Club
PO Box 1747
SURFERS PARADISE QLD 4217
Ph : 1300 76 14 14 Fax : 1300 761 343
Email : billing@accorvacationclub.com.au

**Credit Card Authority
Club Fees (AUD)**



**Request and
Authority to debit**

Surname: _____ Given name(s): _____

Surname: _____ Given name(s): _____

Membership number: _____

I/We request and authorise APVC Ltd as the responsible entity for ACCOR VACATION CLUB ABN 37 094 718 108 to arrange, through its own financial institution, a debit to your nominated credit card any amount ACCOR VACATION CLUB, has deemed payable by you.

Credit Card Details

Direct Debiting to credit cards does not form part of procedures governed by the Bulk Electronic Clearing System.

Please refer to procedures detail in your cardholder terms and conditions provided by your Financial Institution.

Cardholder Name: _____

Cardholder Number: _____

Expiry Date: _____ / _____

Card Type: Visa Mastercard

CVV _____

Cardholder Signature: _____

Terms

Terms:

A processing fee of 1% applies to all credit/debit card transactions

Acknowledgment:

I/we acknowledge that the Agreement is governed by the Club Constitution.

**Insert your signature
and address**

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ___ / ___ / ____

**Payment Plan
Options**

Tick required frequency box

Weekly

Fortnightly

Monthly

Commencement Date : ___ / ___ / ____

Amount : \$

Ongoing : OR End Date : ___ / ___ / ____