TO : **THE HONORARY TREASURER**
ROYAL PAHANG GOLF CLUB
P. O. BOX 53
25700 KUANTAN, PAHANG DARUL MAKMUR

☐ **NEW**

☐ **CHANGE NEW CARD**

Dear Sir,

RE: CREDIT CARD DEBIT AUTHORISATION (AUTHORISATION FORM)

I hereby request and authorize you to debit my Credit Card Account to pay the amount due as stated on my monthly statement of accounts issued by RPGC with effect from _____

I CLEARLY UNDERSTAND AND AGREE THAT IS AUTHORISATION IS GOVERNED BY THE TERMS AND CONDITIONS ATTACHED HEREWITH.

Card member's Account No. ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Card Expiry Date ☐☐☐☐ ☐ VISA ☐ MASTERCARD
M M Y Y

Name of Cardmember _____

RPGC Membership No. ☐☐☐☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Contact Tel. No. (off) _____ (Res)_____(H/P) _____

Correspondence Address _____

_____

_____

_____
(CARDMEMBER'S SIGNATURE)

_____
(DATE)