213-215 Currie Street, Adelaide 5000
Tel: (08) 8410 0122 Fax: (08) 8410 0282
enquiries@ieusa.org.au www.ieusa.org.au

Credit Card Debit Request

IEUSA-ADM-F016-3

Name: _____ Mbr no: _____ or ☐New

School: _____ Date: _____

Please debit the card below:

☐on an on-going **monthly** basis until further notice, with the appropriate IEU(SA) membership fee as adjusted from time to time.

☐on an on-going **yearly** basis until further notice, with the appropriate IEU(SA) membership fee as adjusted from time to time.

Type (circle): ☐VISA ☐MasterCard

Credit Card Number: |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

Expiry Date (mm/yy): _____

Name on card: _____ Card holders Signature: _____

OFFICE USE:	initials:	date:	(circle) update	cat change	ER	PR
Amount $_____		Notes:_____				