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CHANGE OF ACCOUNT FORM FACSIMILE TRANSMISSION

To:	Pay as you Golf	From:	
No.:	02 9457 0257	Date:	
Sub.:	Change in Bank or Credit Card Details	Pages:	1 - including cover sheet

Please complete the following details and fax the completed form to our office:

Name: _____

Club: _____

Facility Number (if known): _____

Bank/Credit Card Name: _____

BSB (if applicable): _____

Account/Card Number: _____

Card Expiry Date (if applicable): _____

Account Name: _____

Regards

Account Holder Signature