

# Agreement to Transfer from Payroll Deductions to Direct Debit or Credit Card



## HOW TO TRANSFER YOUR METHOD OF PAYMENT OF SUBSCRIPTIONS

This form is for Direct Debit Request and Credit Card payments. For alternative payment arrangements contact the union on (02) 9265 8211 or Tollfree 1800 451 604.

OFFICE USE ONLY

Membership No.

1. Fill in your details in Section A.
2. Complete Section B: Choose either Direct Debit from your bank account or Credit Card and complete the relevant section.
3. Complete the Request for your employer to cease your Payroll Deductions. The USU will forward a copy of Section C to your employer.
4. **Fax this form to (02) 9261 3378 or mail to: The United Services Union, Level 7, 321 Pitt St, Sydney, 2000.**
5. Please note that the New South Wales Local Government, Clerical, Administrative, Energy, Airlines & Utilities Union trades as the United Services Union.

## SECTION A YOUR DETAILS:

<b>NAME:</b> Title: Surname: Given Names: DOB / /
<b>EMAIL:</b> Home Work
<b>PHONE:</b> Home: Work: Mobile:
<b>HOME ADDRESS:</b> Postcode:
<b>EMPLOYER:</b>
<b>WORKSITE ADDRESS:</b> Postcode:
<b>OCCUPATION:</b> <b>USU MEMBERSHIP NO:</b>

## SECTION B PAYMENT OPTIONS:

### DIRECT DEBIT REQUEST

Customer's Authority

I/WE

authorise the UNITED SERVICES UNION (the User) (User ID: 062819) to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below.

This authorisation is to remain in force in accordance with the terms described in this Agreement.

I/We understand, acknowledge and agree that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
3. The User may, by prior notification and advice to me/us, vary the amount or frequency of future debits.
4. It is my/our responsibility to ensure that I/we have sufficient funds in the nominated account when payments are to be drawn. If I/we do not have sufficient funds, the transaction will be rejected and a dishonour fee may be charged to my/our account and will be my/our liability. Consequently, failure of this transaction could affect whether I am a financial member in accordance with the Rules of the Union.
5. I/we agree any dishonour fee is a debt payable to the User and I/we authorise this dishonour fee to be paid to the User by direct debit.

Signature/s of customers:

Date: / /

#### Details of Account to be debited

(If joint account two signatures are required)

Name of Financial Institution:	Account Name:
Branch:	BSB No: Account No:
Frequency of Debit: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Effective From:

### CREDIT CARD OPTION

Credit Card details Bankcard  Mastercard  Visa

Card Number: Expiry date:

/

Frequency of Debit:  Monthly  Quarterly

Name on credit card:

Signed: Date: / /

Effective From:

\*\*\*\*\* DO NOT DETACH \*\*\*\*\*

## SECTION C NOTICE TO EMPLOYER:

To: ..... (Employer)

Please cease my Payroll Deductions to the New South Wales Local Government, Clerical, Administrative, Energy, Airlines & Utilities Union (also known as the United Services Union) effective from the date nominated by the United Services Union to you as my employer. Such notification should be given to you by the United Services Union within the next 6 weeks. Please provide me with written confirmation when you have acted upon this notice and direction.

Name: .....

Signed: .....

Date: .....