



C.3. DIRECT DEBIT REQUEST - Service Agreement

The ASU will instruct financial institutions to debit member's accounts on Monday fortnightly, or the first working day of the month. The ASU will give at least 14 days notice of any permanent changes to the cycles or amount of direct debit.

A request to defer, alter, stop or cancel direct debit arrangements must be made in writing to the ASU and signed by the member, and received by the ASU office no later than 5 working days prior to the next scheduled Direct Debit.

Where a dispute arises between a member and the ASU about payment of direct debits the member shall first put in writing to the Branch Secretary of the ASU the matter(s) in dispute. The Branch Secretary will investigate the matters alleged to be in dispute and will report back to the member concerned as soon as possible. Members are advised that direct debits through BECS may not be available on all accounts.

Please check with your financial institution if direct debit is available from your nominated account. When completing the form please check account details against a recent statement from your financial institution. If the scheduled day for a direct debit run falls on a non-business day, the direct debit will be made on the next business day.

If a member is unsure when the direct debit will be made, they should contact their financial institution directly. Members are advised that it is the responsibility of the member to have sufficient funds in their nominated account by the due date to permit the payment of debit items as per this agreement.

If a direct debit is returned unpaid the member will be charged with the costs incurred by the ASU including costs levied against the ASU by the financial institution and any costs incurred in recovering the unpaid amount(s).

The ASU and its affiliates will not release any information provided on the Direct Debit Request form to any person or institution other than the member who signs the form and the financial institution cited in the form. Members are advised that financial institutions may request from the ASU information about the Direct Debit Request form and direct debits made against the member's account in relation to a claim on the financial institution in the event of an incorrect or wrongful debit.

C.4. AUTHORISATION FOR BANK DETAILS FROM EMPLOYER

I don't have my details, please obtain them from my employer

I, _____ authorise my employer
Name of customer giving the direct debit request

_____ to release my bank details to
Employer's name here

the Australian Services Union South Australian & Northern Territory Branch, APCA User ID No 063633 to arrange for funds to be debited from my / our account at the financial institution identified below and as prescribed through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service Agreement opposite. (C.3.)

My employer accepts no financial accountability in this transaction. I/we request that my/our account be debited at the frequency indicated below in accordance with the ASU Direct Debit Service Agreement.

I / We request that you debit my / our account in accordance with our agreement and subject to the following Frequency (please tick one) Weekly *Fortnightly Monthly
 ▶ (*Date of next pay? ___/___/___)

X _____ / ___/___/___
Signature of customer/s **Date**

OFFICE USE ONLY:	
Employer Supplied Details	
_____	_____
Name of the financial institution	Branch name

Name/s on customer account	
_____	_____
BSB number	Account number

Office Use Only DIRECT DEBIT	Estab #	Section:	Award:	Grade:	Member Number:	Start: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	Amount:
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