



AUSTRALIAN SERVICES UNION ASU SA + NT BRANCH MAKE THE SWITCH 2011/2012



1. YOUR PERSONAL AND CONTACT DETAILS

First name _____ Family name _____ Preferred name _____ Date of birth ____/____/____

Residential street address _____ Suburb _____ Postcode _____

PO Box _____ Suburb _____ Postcode _____ Home email preferred email? please tick ✓

Work phone _____ Home phone _____ Mobile phone _____

Work fax _____ Home fax _____ Work email preferred email? please tick ✓

2. YOUR EMPLOYMENT DETAILS

Name of employer _____ Start date ____/____/____ or Length of service _____

Street address of employer _____ Suburb _____ Postcode _____

Job title _____ Department or section or location or programme or branch _____

Location/address of your worksite (if different from above) _____

Are you? please tick ✓ Fulltime Part time Permanent Casual Agency

3. YOUR SALARY AND SUBSCRIPTIONS 2011 - 2012

Please tick ✓ the salary level you are currently paid					
✓	SALARY	WK	F/N	MNTH	QTR
<input type="checkbox"/>	0 - 12,500	5.10	10.20	22.10	66.30
<input type="checkbox"/>	12,501 - 24,000	7.40	14.80	32.07	96.20
<input type="checkbox"/>	24,001-29,500	8.65	17.30	37.48	112.45
<input type="checkbox"/>	29,501-36,000	9.90	19.80	42.90	128.70
<input type="checkbox"/>	36,001-46,500	11.75	23.50	50.92	152.75
<input type="checkbox"/>	46,501-60,000	12.90	25.80	55.90	167.70
<input type="checkbox"/>	60,001-71,000	14.10	28.20	61.10	183.30
<input type="checkbox"/>	71,001 +	15.25	30.50	66.08	198.25

To pay by...
Credit Card go to ▶ 4
 Monthly, Quarterly, Annually
Direct Debit go to ▶ 5
 Weekly, Fortnightly, Monthly

▶ 4. YOUR CREDIT CARD AUTHORISATION

Type of card? Mastercard Visa Diners Amex

Credit card number _____

Expiry date ____/____/____ Amount \$ _____ Per month or quarter or year (recurring)

X _____
 Signature of Card Holder _____ Date _____

Office Use Only Member Number: _____ Start: ____/____/____ Grade: _____ Amount: _____

▶ 5. YOUR DIRECT DEBIT REQUEST

I/WE _____
 Name of customer(s) giving the direct debit request
 authorise you, 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 & 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 below.

X _____ / ____/____ / ____/____ X _____ / ____/____ / ____/____
 Signature of customer Date Signature of customer Date

Name of the financial institution _____ Branch name _____ Type of account _____

Name/s on customer account _____

_____-____-____ BSB number _____ Account number _____

I / We request that you debit my / our account in accordance with our agreement and subject to the following conditions:

Frequency? Weekly Fortnightly Monthly Amount \$ _____
 (please tick) * ____/____/____ *date of next pay day

I / We authorise the following:

- The Debit User to verify the details of the above mentioned account with my/our financial institution.
- The Financial Institution to release information allowing the Debit User to verify the abovementioned details.

X _____ / ____/____ / ____/____
 Signature of customer Date

6. THE FINE PRINT - Your Agreement

I agree to become a member of the Australian Services Union, South Australian and Northern Territory Branch and the Amalgamated ASU (SA) State Union. I authorise the ASU to be my representative to conduct negotiations on the terms and conditions of my employment in any Award or Agreement. I further authorise the ASU to be my representative in the settlement of any dispute relating to my employment conditions. I understand that my authorisation remains in force until I revoke it in writing. A member may resign from Union by supplying two weeks notice in writing, signed and addressed to the Branch Secretary. Refunds are considered by application in writing and is at the discretion of the Secretary, where it is clear the Union is at fault.

X _____ / ____/____ / ____/____
 Signature Date

7. DIRECT DEBIT REQUEST - Service Agreement

The ASU will instruct financial institutions to debit member's accounts on Friday 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 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.

Now go to ▶ 8 & ▶ 9 to complete the PAYROLL OFFICER NOTIFICATION FORM



8. OUR PAYROLL OFFICER NOTIFICATION FORM

To make the transition from Payroll Deduction to the Direct Debit or Credit Card Methods of payment we need to be able to synchronize your rollover date to meet the pay period and the dates we process your subscription electronically.

Please fill in all the relevant sections and the form on page2 in its entirety and return back to us.

We will coordinate the change over for you as a member service, this usually happens a within a fortnight after your next pay date supplied, depending on your paid to date from your previous deductions. Do not hesitate to call Member Services 08 8363 1322 if you have any queries regarding the switch.

NB. It is a good idea for you to just check your pay slip the month following the rollover date to ensure that payroll has ceased your deductions. If they have not, please discuss with them directly.

**You fill in 1,2,3,4 below and return to ASU
We will fax to your Pay Officer!**

Please fill in sections 1,2,3 & 4 and return to the ASU Office with the rest of your completed form, we will do the rest and notify your payroll officer.

1. _____
Your name

2. Date of your NEXT pay day? / /

3. Payroll officers fax number? [08]

4. _____
I authorise the ASU SA + NT Branch to stop my Pay Roll deductions on my behalf

4. _____
Your signature

9. ASU OFFICE PAYROLL OFFICER NOTIFICATION FORM

ASU Office Use Only This Section

Dear Payroll Officer –

The above signed ASU member has requested that the payroll deduction of the ASU membership subscription finish as at date / / , being the end of the pay period.

Would you please confirm receipt of this payroll cancellation form by

return fax [08] 8363 2225
email membership@asu-sant.asn.au or
phone Member Services on [08] 8363 1322

**Thank you for administering these dues to date on our behalf.
We appreciate your assistance.**

Regards

**ASU Member Services
08 8363 1322**