AUSTRALIAN SERVICES UNION ASU SA + NT BRANCH CHANGE OF MEMBER DETAILS 2009/10

1. YOUR PERSONAL AND CONTACT DETAILS

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

Residential street address _____ Suburb _____ Postcode _____

PO Box _____ Postal address _____ 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 2009 - 2010

Please tick ✓ the salary level you are currently paid

✓		SALARY	WK	F/N	MNTH	QTR
	1	0 - 12,500	4.80	9.60	20.80	62.40
	2	12,501 - 24,000	7.00	14.00	30.33	91.00
	3	24,001-29,500	8.20	16.40	35.53	106.60
	4	29,501-36,000	9.35	18.70	40.52	121.55
	5	36,001-46,500	11.10	22.20	48.10	144.30
	6	46,501-60,000	12.20	24.40	52.87	158.60
	7	60,001-71,000	13.35	26.70	57.85	173.55
	8	71,001 +	14.45	28.90	62.62	187.85

To pay by...
Credit Card go to ▸ 5
Monthly, Quarterly, Annually
Direct Debit go to ▸ 6
Weekly, Fortnightly, Monthly

4. REQUEST TO WAIVER MEMBERSHIP- Your Agreement

I am currently unpaid and request my membership to be waived for the following period Union subscriptions are not charged while you are on a waiver. *Or in circumstances of financial difficulty a 3 month waiver may apply on written request.* ☐ **maternity leave** ☐ **Unemployed** ☐ **Leave without pay**

☐ **Other (***please specify)* _____

X_____ ___/___/___
Signature **Date**

5. YOUR CREDIT CARD AUTHORISATION

Type of card? ☐ Mastercard ☐ Visa ☐ Diners ☐ Amex

Credit card number ☐☐☐☐/☐☐☐☐/☐☐☐☐/☐☐☐☐

Expiry date ☐☐/☐☐ **Amount $** _____ **Per Month / Quarter /Year ONLY** *(*circle one)*

Signature of Cardholder X_____ **Date** _____

6. 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? *(please tick)* ☐ **Weekly** ☐ ▾ **Fortnightly** ☐ **Monthly** **Amount $**_____
*___/___/___
***date of next pay day**

I / We authorise the following:
1 The Debit User to verify the details of the above mentioned account with my/our financial institution.
2 The Financial Institution to release information allowing the Debit User to verify the abovementioned details.

X_____ ___/___/___
Signature of customer **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.

Office Use Only	*Member Number:*	*Start:* ☐☐/☐☐/☐☐	*Grade:*	*Amount:*	*Section:*	*Waive from:*	*Waive to:*	*Note:*

Please return your completed form to your ASU Organiser ASU Workplace Representative or fax to 08 8363 2225 or post to ASU Member Services, Reply Paid 2217, Kent Town SA 5071. Member Services Queries: 08 8363 1322