



# AUSTRALIAN SERVICES UNION ASU SA + NT BRANCH CHANGE OF MEMBER DETAILS 2011/2012



## 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 2011 - 2012

Please tick ✓ the salary level you are currently paid

✓	SALARY	WK	F/N	MONTH	QUARTER
<input checked="" 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 ▶ 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 or Quarter or Year (recurring)  
 Signature of Cardholder X \_\_\_\_\_ Date \_\_\_\_\_ (\*circle one)

## ▶ 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 \_\_\_\_\_ Signature of customer \_\_\_\_\_ Date    /   /     
 X \_\_\_\_\_ 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    /   /   

## 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: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Grade: _____	Amount: _____	Section: _____	Waive from: _____	Waive to: _____	Note: _____
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