

# Australian Services Union

## Banking Details Form 2009/2010



A•S•U

[www.asuvc.org](http://www.asuvc.org)  
[info@asupsvic.org](mailto:info@asupsvic.org)

**Please use this form to update or change your payment details**

Your Name: \_\_\_\_\_ Membership #: \_\_\_\_\_ (if known)

Your Employer: \_\_\_\_\_ Hours per week:  Less than 30 hours p/w  
 More than 30 hours p/w

I am filling in this form because:

- I need to provide the ASU with my banking details
- I need to change my banking details
- I am returning from maternity leave and need to reactivate my ASU membership
- I am reactivating my ASU membership after a period of suspension

### My Payment Details

Please fill in one section. Union fees are payable via **direct debit** or **credit card**.

#### Fees: 09/10

More than 30 hours per week

	Adult	Junior
Weekly	\$9.55	\$7.20
F/nightly	\$19.10	\$14.40
Monthly	\$41.40	\$31.20
Quarterly	\$124.15	\$93.60

Less than 30 hours per week

	Adult	Junior
Weekly	\$7.00	\$5.45
F/nightly	\$14.00	\$10.90
Monthly	\$30.35	\$23.60
Quarterly	\$91.00	\$70.85

\*GST Included

Union Fees are tax deductible

#### Direct Debit

I/We \_\_\_\_\_ authorise Australian Services Union - Victorian Private Sector Branch (APCA User ID No 062537) to arrange for funds to be deducted 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 Service Agreement.

Name of Financial Institution: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Regular Debit:  Weekly  F/nightly  Monthly  Quarterly

Amount per Debit: \$ \_\_\_\_\_ (refer to Debit Agreement) Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Credit Card

Card Type:  Visa  Mastercard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Cardholder Name: \_\_\_\_\_

Regular Debit:  Weekly  F/nightly  Monthly  Quarterly

Amount per Debit: \$ \_\_\_\_\_ (refer to Debit Agreement) Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return to the  
Australian Services  
Union

Post:

PO Box 324  
North Melbourne VIC 3051

In Person:

Level 1/ 117 Capel St  
North Melbourne

By Fax:

03 9320 6799

#### Direct Debit Service Agreement

This document provides information to you regarding the direct debiting of your account. By signing this direct debit request (DDR) you have authorised us to arrange for funds to be debited from your nominated account. You should refer to the direct debit request and this agreement for the terms of the arrangement between you and us.

#### DRAWING ARRANGEMENTS

The ASU will debit amounts instructed by you on a selected Thursday cycle. If the payment date is a non-business day or public holiday

we will process a direct debit to your account on the next business day.

#### CHANGES TO THE ARRANGEMENTS

Unless you have asked us to change your payment and we have agreed to your request, we will give you at least 14 days notice when changes to our direct debit arrangements are made. This notice will include the new amount, frequency and the next drawing date. A request to stop or alter direct debit arrangements must be made in writing to the ASU and signed by the member.

#### DISPUTES

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting our membership department. We undertake to investigate any dispute and advise you of the outcome. Phone: 03 9320 6700 Email: [info@asupsvic.org](mailto:info@asupsvic.org)

#### ACCOUNTS

Before sending us your account details, please check with your financial institution that direct debit deductions are allowed on the account you have chosen. Please make sure you have enough money in your account

to cover your obligations to us when due. Your financial institution may charge a fee if the payment cannot be met. You must advise us if the nominated account is transferred or closed.

#### CONFIDENTIALITY

The ASU will not release any information provided on this form to any person or institution other than the member who signs the form and the financial institution cited in the form.

ABN: 15 278 369 860