

FSU Change of Payment Method/Account Details



July 2011

HOW TO COMPLETE THIS FORM:

- A** Choose your payment method
- B** Indicate your hours of work
- C** Fill in your personal details

Then fax this form intact to 1300 307 943 or mail to:
 Finance Sector Union, Reply Paid 9893,
 Melbourne VIC 3001 (no postage stamp required!).

FSU OFFICE USE ONLY

Date processed
 Membership No.

PLEASE PRINT CLEARLY - If you have any questions about this form please call FSU on 1300 366 378.

A PAYMENT METHOD

DIRECT DEBIT REQUEST

Customer's Authority I/We
 (Surname or Company/Business Name) (Given names or ABN)

authorise the **Finance Sector Union** (the User) (User ID number **032444**) to arrange through BECS for funds to be debited from my/our account at the financial institution identified below and as prescribed below.
 This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

I/We understand and acknowledge that:

- The Financial Institution may, in its absolute discretion, determine the order of priority of the payment by it of any moneys pursuant to this Request or any authority or mandate.
- The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
- The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Customer signature(s) Date

(If joint account all signatures may be required)

Details of account to be debited
 Name of the Financial Institution

Account name

BSB No. - Account No.

Bank/Credit Union accounts are debited fortnightly on a Thursday. Please indicate when your next pay day is to determine which Thursday your fees will be drawn on.
 Next Pay Day

OR

CREDIT CARD

Credit Card details

Mastercard Visa

Card Number

Name on card

Expiry date / (Credit Cards are debited on 1st, 8th, 16th or 23rd business day of month)

Signature of cardholder

Frequency: Monthly Quarterly Half Yearly Yearly

B EMPLOYMENT BASIS *(please tick the appropriate rate below)*

- 30 hours or more per week** **\$20.74 per fortnight** * (incl. GST) \$44.94 per month \$134.81 per quarter \$269.62 per half-year \$539.24 per annum
- 21 hours to less than 30 hours per week** **\$15.74 per fortnight** * (incl. GST) \$34.10 per month \$102.31 per quarter \$204.62 per half-year \$409.24 per annum
- Less than 21 hours per week** **\$10.69 per fortnight** * (incl. GST) \$23.16 per month \$69.55 per quarter \$139.10 per half-year \$278.20 per annum
- Traineeship or Supported Wage** (50% of the full rate above if applicable. Please also indicate hours worked by ticking above)

▶ **Traineeship Provider** **Traineeship Finish Date**

Are you Permanent: Yes No Are you Full Time: Yes No * MEMBERSHIP FEES SUBJECT TO CHANGE BY NATIONAL CONFERENCE

C PERSONAL DETAILS

NAME
 Title Surname Given name Preferred name Date of birth

EMAIL
 Home Work

PHONE
 Home Work Mobile

HOME ADDRESS
 Street Suburb State Postcode

WORK DETAILS
 Employer name Department/Branch

JOB DETAILS
 Job title Job grade Date joined employer

WORK ADDRESS
 Level/Street Suburb State Postcode

I authorise for my payment of FSU fees to occur as per the above, and for my payroll deductions of FSU fees to cease.

Signature: Salary/Employee Number: Date: