

CREDIT CARD DEBIT

Full name: _____

Home address: _____

Suburb: _____ Post code: _____

Employer's name: _____

Employers address: _____

Suburb: _____ Post code: _____

Work Phone: _____ APS/AGS No. _____

I authorise the CWU SA/NT to debit my credit card account described in the schedule below, the amount of my Union dues as determined by the Rules of the Union. I acknowledge that my Union dues may vary from time to time and that I may either cease or change the frequency of future debits by prior arrangement with the Union.

CARD TYPE: VISA MASTERCARD

CARD NUMBER: _____

NAME ON CARD: _____ EXPIRY DATE: ___/___

SIGNATURE: _____ DATED: ___/___/___

PLEASE DEBIT MY ACCOUNT: MONTHLY QUARTERLY
6 MONTHLY 12 MONTHLY

PRIVACY STATEMENT

- The Union is bound by the Privacy Act.
- Information is collected to enable the Union to contact you about matters relating to your Union membership, and to ensure that we have the necessary information to represent your employment, industrial and related interests.
- The Union's Privacy Statement is available from the Union's website or by contacting the Union Office.
- If you do not wish to receive any communications not related to the CWU and your employment, please tick this box.