

DIRECT DEBIT FROM A BANK ACCOUNT

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 (User ID No. 064088) to debit my Bank/Credit Union/Building Society account described in the schedule below, the amount of my union dues, at FOUR WEEKLY INTERVALS.

I acknowledge that my union dues may vary from time to time and authorise the Union to vary the amount of withdrawal in accordance with the rates of contribution as determined by the rules of the Union. I also acknowledge that I may cease any future debits from my account by prior arrangement with the Union.

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

SUBURB: _____ **POST CODE:** _____

BSB NUMBER: _____ **ACCOUNT NUMBER:** _____

ACCOUNT IN THE NAME OF: _____

I/We acknowledge that this Direct Debit Arrangement is governed by the terms of the Direct Debit Service Agreement received by you.

SIGNATURE(S): _____ **DATED** __ / __ / 20__

SIGNATURE(S): _____ **DATED** __ / __ / 20__

If this is a joint account all signatories are required.

I/We authorise the following:

1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution
2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

SIGNATURE(S): _____ **DATED** __ / __ / 20__

SIGNATURE(S): _____ **DATED** __ / __ / 20__

If this is a joint account all signatories are required.

PAYMENT PLAN - MEMBER SERVICE AGREEMENT

OUR COMMITMENT TO YOU

ARRANGEMENTS FOR DEBITING

Once we have received your completed 'Direct Debit Request', the account nominated by yourself will be debited at four weekly intervals. (i.e. every second pay period).

Where the due date falls on a non working day or a public holiday, we will debit your account on the next working day.

You will be given at least fourteen (14) days prior notification of any changes to your nominated debiting arrangements by us.

The CWU SA/NT reserves the right to cancel these debiting arrangements if an attempted debit from your nominated account is returned as a 'dishonour,' and in turn we will arrange an alternate method of payment with you.

All information regarding your nominated account will be kept strictly private and confidential.

YOUR RIGHTS AS A MEMBER

Debit arrangements with the CWU SA/NT may be terminated at any time by written notice from yourself to us. Such notice should be received by us at least five business days prior to the due date. If required, a change to the debit amount can be requested by contacting us and advising your requirements no less than five business days prior to the due date.

For all queries relating to these Direct Debit arrangements, please contact the Branch Office on (08) 8232 5999, or post written correspondence to:-

Branch Secretary
CWU SA/NT
30-40 Hurtle Square
ADELAIDE SA 5000

Please allow five business days for all amendments to take effect.

YOUR RESPONSIBILITIES AND COMMITMENT TO US

You are responsible for ensuring that the authorisation given to debit your nominated account is identical to the account signing authorisation held by the Financial Institution where the account is based.

It is your responsibility to advise us if the account nominated by yourself has been closed or transferred, thereby requiring an alternate method of payment to be arranged.

It is your responsibility to ensure that sufficient funds are available in your nominated account to meet our direct debit on its due date. If this requirement is not met, you will be contacted and advised of the amount owing.

If these direct debit arrangements are cancelled by either yourself/yourselfs or the nominated Financial Institution, then it is your responsibility to arrange a suitable alternate method of payment with us.